

LEGAL NAME CHANGE REQUEST

CURRENT	LEGAL NAME REGISTERED WITH APEGA:
MEMBER :	#:
□ Profess	sional Member
☐ Membe	er in Training
☐ Profess	sional Licensee
☐ Examir	nee/Student
Legal Nam	e Change From
Legal Nam	e Change To
Please incl	ude ONE of the following with your name change request:
☐ I have	enclosed a copy of my marriage certificate
☐ I have	enclosed a copy of my legal name change certificate
☐ I have	enclosed a copy of my birth certificate (for returning to maiden or birth name
Date:	Signature:
Email:	rcollens@apega.ca
Mail:	APEGA 2200 Scotia Centre 700 2 St SW Calgary AB T2P 2W1 Attention: Renee Collens