



Member Contact Update Form

To update your information with HSA, please complete the following form.

Surname *

Given Name(s) *

Street Address *

Enter your Street Address, e.g. 3-3051 1st Ave West

City *

Enter your City, e.g. Vancouver

Province/Territory * ▼

Choose your Province or Territory

Postal Code *

Personal Phone Number *

Enter your Personal Phone Number, e.g. 604-111-1111

Home Email Address

Enter your Home E-mail Address

Date of Birth *

Enter your Date of Birth (DDMMYY), e.g. 230476. *No, we don't care about your age and unfortunately we have no current plans to celebrate your birthday, but we need your date of birth to be sure we don't confuse you with one of the 18,000 HSA members who might share your name.* All records are confidential and secure. If you'd like to know more about [HSA's privacy policy, click here.](#)

Receive email updates * No, I don't want to receive email updates Yes, I consent to receive emails

By opting-in you are consenting to allow HSA to contact you by email about news, updates on your contract, events, workplace safety, union elections and other activities of the HSA. The HSA will not sell or trade your email address. If you would like to be removed from our lists, you can unsubscribe at any time.

- [Print](#)
- [PDF](#)