

MEMBER CHANGE OF ADDRESS FORM

Send to: LiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2
 P: 416.240.7487 | F: 416.240.7488 | w: www.liunacare183.com | e: info@liunacare183.com

A Member Updated Information *(Please Print)*

Last Name	First Name	Gender	Male	Female
Address		Date of Birth (yyyy/mm/dd)		
Town/City	Province	Postal Code		
Union ID OR Social Insurance Number (SIN)		Country		
Email Address		Telephone No.		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.

B Previous Contact Information

Previous Address:

Apt No. / House No.

Street Name

City

Postal Code

Previous Phone Number: _____

C Member Disclosure Authorization

I hereby authorize **LiUNA Local 183 Members Benefit Fund** to update my member profile as designated above as I solemnly declare said information to be true and accurate.

Member Name: _____ Date: _____
(Please Print)

Member Signature: _____ Witness: _____