

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 <i>(Please Print)</i>				
Last Name	First Name	Gender	Male	Female
Address		Date of Birth (yyyy/mm/dd)		
Town/ City	Prov.	Postal Code		Country
Member Advantage Benefit Card ID Number (last 10 digits)		<i>Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID</i>		
Email Address		Phone #		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell #
B Previous Contact Information				
Previous Address: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-bottom: 10px;"> <i>Apt No. / House No.</i> <i>Street Name</i> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black;"> <i>City</i> <i>Postal Code</i> </div> 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: _____		
<i>(Please Print)</i>				
Member Signature: _____		Witness: _____		