



TRANSFER OF HOURS

Unit of LiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2
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www.liunacare183.com | e: info@liunacare183.com

A Member Information *(Please Print)*

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)				Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address				Phone #		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell #		

B Transfer Information

Please be advised that the above-mentioned member has instructed us to transfer his/her hours.

FROM

Local: _____

TO

Local: _____

C Member Disclosure Authorization

Member Name: _____
(Print Name)

Member Signature: _____

Witness Signature: _____

Date Signed: _____