

MEMBER CHANGE OF ADDRESS FORM

Send to: LiUNAcare Local 183 | 2100 - 200 Labourers Way | Vaughan, ON L4H 5H9
 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)		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 Previous Contact Information
Previous Address: <hr/> <i>Apt No. / House No.</i> <i>Street Name</i> <hr/> <i>City</i> <i>Postal Code</i> Previous Phone Number: <hr/>

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: _____