

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 (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 Previous Contact Information

Previous Address:

Apt No. / House No.

Street Name

City

Postal Code

Previous Phone Number:

C Member Disclosure Authorization

I hereby authorize **Labourers' Local 183 Retiree Benefit Trust 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: _____