

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: