

TRANSFER OF HOURS

Ù^} åÁt Ká⊥iUNAcare Local 183 | 2100 - 200 Labourers Way | Vaughan, ON L4H 5H9 ÚKá FÎ È∃ €È I Ì Ï Á¢ÁXá FÎ È∃ €È I Ì Ì Á¢áv: www.liunacare183.com | e: info@liunacare183.com

A Member 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 Transfer In	formation						
Please be advised that the above-mentioned member has instructed us to transfer his/her hours.							
Flease 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 Nan	ne)			
Member Signatur	e:						
Member Signatur	5						_
Witness Signature	e:						_
Date Signed:							

Please complete, print, sign, and return by fax at 416.240.7488 OR email to info@liunacare183.com