



**A. Member Updated Information (Please Print)**

Last Name	First Name	Gender	Male	Female
Address		Date of Birth (m/d/y)		
Town/City	Province	Postal Code		
Union ID <b>OR</b> Social Insurance Number (SIN)		Country		
Email Address		Telephone No.		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.

**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 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: \_\_\_\_\_ *(Please Print)*                      Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_                      Witness: \_\_\_\_\_