



A. Member Information (Please Print)

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

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: _____