



TRANSFER OF HOURS

LiUNA!care Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6
 416-506-8833 | 416-506-8833 | www.liunacare506.com | e: info@liunacare506.com

A Member Information (Please Print)

First Name	Last Name	Gender	Male	Female
Address		Birth Date (yyyy/mm/dd)		
Town/City	Province	Postal Code		
Member Advantage Benefit Card ID (last 10 digits) 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: _____