

MEMBER CHANGE OF ADDRESS FORM

Send to: CCWUcare | 200 Labourers Way, Suite 2100 | Vaughan, ON L4H 5H9
P: 416.240.0047 | F: 416.240.7488 | w: www.ccwucare.com | e: info@ccwucare.com

A Member Updated 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 Previous Contact Information

Previous Address:

Apt No. / House No.

Street Name

City

Postal Code

Previous Phone Number:

C Member Disclosure Authorization

I hereby authorize **Canadian Construction Workers' Union Benefit Trust Fund** to update my member profile as designated above as I solemnly declare said information to be true and accurate.

Member Name: _____ Date: _____
(Please Print)

Member Signature: _____ Witness: _____