

MEMBER INFORMATION					
Social Insurance Number/LPF Member ID Number		Last Name		First Name and Initial	
Date of Birth (dd/mm/yyyy)	Sex (please circle) M F		Email		
Address – Is this a new address (please circle) YES NO				City	Prov
Postal Code	Country	Home Phone	Mobile Phone	Daytime Phone	

EMPLOYMENT/EMPLOYER INFORMATION
Employer's Name
Last Date Worked

MEMBER SIGNATURE	
Signature	Date