

A Member 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 Cheque Deliver Method

For cheque pickup by the member, the member will need two pieces of government issued ID (minimum one with photo). There are **absolutely NO EXCEPTIONS**.

For cheque pickup by someone other than the member, they will need to provide **TWO** pieces of member's government issued ID, **TWO** pieces of own ID, and a signed note from the member authorizing said person to pick up the cheque. There are **absolutely NO EXCEPTIONS**.

Please Select One: Pick Up Mailed

Member Signature: _____ Date: _____

C Cheque Pick Up

Member Name: _____ Date: _____
(Print Name)

Member Signature: _____ Witness: _____

OFFICE USE ONLY

Plan: 400 405 408 412

Fund: HVP SHP

Amount: _____

Work Months: _____ to: _____