MEMBER INFORMATION FORM

NAME	
ADDRESS	
Contact Numbers	/ /
	Home / work / cell or email
Social Insurance #	
Date of Birth	/ /
	Month / Day / Year
Treaty Number	4040
	10 digit number
Marital Status	S / M / Other (please circle) If claiming dependents please complete below:
Dependent's Name	/ / 4040
	(name of Dependent / Date of Birth / Treaty Number)
Dependent's Name	/ / 4040
	(name of Dependent / Date of Birth / Treaty Number)
Dependent's Name	/ / 4040
	(name of Dependent / Date of Birth / Treaty Number)
Dependent's Name	/ / 4040
	(name of Dependent / Date of Birth / Treaty Number)
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	(name of Dependent / Date of Birth / Treaty Number)
Dependent's Name	/ / 4040
	(name of Dependent / Date of Birth / Treaty Number)
Dependent's Name	/ / 4040
	(name of Dependent / Date of Birth / Treaty Number)
Bank Information	ATTACH VOID CHEQUE FOR CHILD/CHILDREN WITH OWN ACCOUNT