



International
**LONGSHORE & WAREHOUSE
UNION**

LOCAL 500

PERSONAL INFORMATION SHEET (please print clearly)

Work No. _____

First Name and Middle Initial _____

Last Name _____

Street Address _____

City _____

Province _____

Postal Code _____

Date of Birth (mm/dd/yyyy) _____

Phone No #1 _____

Phone No. #2 _____

Email _____

Social Insurance No. (SIN) _____

Gender (check one ✓) Male Female

Dated _____

Signature _____

Local 500 CASUAL BOARD Dues Check-Off Authorization

I hereby **AUTHORIZE** the Waterfront Employers of BC **TO DEDUCT** my monthly Union Dues from my wages and to remit the proceeds to the ILWU Local 500, Vancouver, BC.

A Board (WC)

B Board

C Board

T Board \$24/mth

Work # _____ Print Name _____

Effective Date: **SEPT 1, 2022** Signature _____

Comments:

Date sent to ADP and BCMEA: _____

Faxed: YES NO