

LOCAL 002 HONORARIUM FORM

To receive Honorarium, you must fill out all required fields on this form and return it to your Local Treasurer. The collection of the SIN numbers is the requirement of CRA for the purposes of reporting earnings. All members' information is kept confidential at Headquarters.

PLEASE PRINT

Member ID: _____ Position: _____

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____

- ☐ Yes I accept the Honorarium of \$ _____
 - Please forward my SIN# _____ to Headquarters
- ☐ No I do not accept the Honorarium

Signature _____

Date: _____