



Please print clearly.

**Personal Information
Completed by
Member:**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Former Last Name(s)	Date of Birth (m/d/y)	Social Insurance Number (SIN)

Address, City, Province/State, Postal/Zip Code, Country		
_____	_____	_____
Home Phone	Cell Phone	Employed By

Solicitor Information:

_____	_____
Solicitor's Name	Name of Firm

Address, City, Province, Postal/Zip Code, Country	

Business Phone	

Proof of Age:

Please submit with this form a copy of one of the following acceptable documents for proof of age:

- Birth certificate
- Valid Canadian passport
- Baptismal certificate
- Citizenship papers

Until further notice, original and certified copies are not required. However, TRAF reserves the right to request originals or certified copies. Legislation does not allow us to accept a driver's licence as proof of age.

**Former Spouse/Partner
Information:**

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Former Last Name(s)	Date of Birth (m/d/y)	

Address, City, Province, Postal/Zip Code, Country		
_____	_____	_____
Home Phone	Cell Phone	Employed By

Solicitor Information:

_____	_____
Solicitor's Name	Name of Firm

Address, City, Province, Postal/Zip Code, Country	

Business Phone	

