



POWER WORKERS' UNION PROTECTION PLAN REGISTRATION FORM

(Please print – Attach separate sheet if additional space required)

IF YOU HAVE ANY QUESTIONS CALL 1-877-393-0338

Mail, fax or scan/email the completed form (ATTN: Power Workers' Union Protection Plan) to:
2235 Sheridan Garden Drive
Oakville, Ontario
L6J 7Y5
Fax: 905-287-2403 or 1-800-705-0006
Email: pwpp@fct.ca

REGISTRATION

MANDATORY FIELDS FOR REGISTRATION TO POWER WORKERS' UNION PROTECTION PLAN

Member Name:	
[Redacted]	
Last	First
Employer: [Redacted]	
Employee Number: [Redacted] (if available)	

Specify Sector and Unit:
[Redacted]

Location of Employment:		
[Redacted]		
Are you a member of the PWU Hiring Hall, meaning you pay out of work dues to the PWU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEMBER CONTACT INFORMATION

Address:				
[Redacted]				
Street	Apt./Unit	City	Province	Ú[• ca/0] à^
Telephone:	[Redacted] (Home)	[Redacted]	[Redacted]	(Work)
Email: [Redacted]				
Preferred Method of Communication: (check all that apply)				
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Postal	
<input type="checkbox"/> Other (specify) :	[Redacted]			



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PLEASE FILL THE FOLLOWING SECTION ONLY IF YOU ARE REGISTERING FOR TITLE INSURANCE*

Do you already own this home/property, or is this a new (or upcoming) purchase transaction?

Existing Home

New Purchase Transaction

Name of Lawyer: _____

Name of Clerk: _____

Contact phone number: _____

If you select New Purchase Transaction, please start the process ASAP once lawyer is acquired.

Please state the name of the homeowner(s):

Address of insured property:

Street Apt/Unit City Province Postal Code

Property Information: (specify **ONE** of the following)

Is this residence a: Single family home Condominium Multi-unit (2 – 6) # of units (i.e. duplex)

Purchase price or tax assessed value of the property. If these are not available, please state the approximate value of the property: _____

Close or move date. If exact date is not known an estimated date is acceptable: _____ (MM/DD/YYYY)

Does your property have a well: Yes No

Is your property on a waterfront: Yes No

Does your property have a septic system: Yes No

MAILING INSTRUCTIONS

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* Insurance by FCT Insurance Company Ltd. Services by First Canadian Title Company Limited.