

# PERSONAL DATA SHEET



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COMPANY NAME

COMPANY ADDRESS

PHONE

FAX

CONTACT PERSON

E-MAIL ADDRESS

MEMBER'S NAME

E-MAIL

PHONE

MEMBER'S ADDRESS

DATE OF BIRTH

SEX

☐ Male

☐ Female

PREFERRED METHOD OF CONTACT

☐ E-mail

☐ Phone

☐ Through Employer

## DEPENDANT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH (DAY/MONTH/YEAR)	RELATIONSHIP TO MEMBER

DATE

Referred by\_\_\_\_\_

SUBMIT

Sheilds Medical Inc. is now offering Direct Band Deposit for clients who have their cheques mailed personal address. Please submit a cancelled personal cheque throught your employer.