

WEIWAIKUM FIRST NATION

COMMUNITY DISTRIBUTION APPLICATION

MEMBERSHIP INFORMATION (Legal Name that the payment would be under)

(EACH MEMBER 18 YEARS OF AGE AND OLDER MUST COMPLETE THIS FORM)

BAND MEMBER PARENT OR GUARDIAN INFORMATION:

LEGAL FIRST NAME: _____ MIDDLE NAME: _____
LEGAL LAST NAME: _____ Status #: _____
STREET: _____ CITY: _____
POSTAL: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

If applicant is applying for additional **Weiwaikum First Nation members**, please list their information below:

This may include band member minors 17 years of age and under living with band member parent or guardian.

Child's FULL NAME	Child's BIRTHDATE	Child's STATUS NUMBER

*If you apply for more than 4 additional **Wei Wai Kum First Nation Members**, please use a second application form.

Might there be another person applying for any of the listed children?

☐ Yes ☐ No

If so, Who? _____

Legal Custody Documents **MUST BE** provided to resolve any eligibility issues.

PAYMENT METHOD

To receive a distribution payment, what method would be best for you?

EFT or Cheque Please circle one

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____