



GITXAAŁA NATION

PO Box 149 11 Ocean Drive Kitkatla, BC V0V 1C0 Phone 250.848.2214 Fax 250.848.2238

2024 Membership Disbursement

Date: _____

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Status Number: 672

Mailing Address:
(This is where the EFT remittance or payment information will be mailed to)

Apartment #: _____ Street #: _____ Street Name: _____

City: _____ Province/State: _____ Zip/Postal Code: _____

Phone Number: _____

Dependents (17 & under)

The Child(ren) must be in your care to be eligible to receive the payments for them if there are duplicated submission for the child - the payment for the child will be withheld until the parents reach an agreement.

The agreement must be submitted in writing and sign by both parents. or an email for both parents will be acceptable.

Who will be claiming the child(ren)? _____

Dependents Information:

Full Name:	Date of birth:	Age:	Status #:
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Form of Payment: a void cheque or direct deposit sheet from your Institution MUST be attached to this form. Please select one

Direct deposit _____ Cheque _____

Signature

Please Submit your application at CLC Prince Rupert Office

Attention to Helen Gladstone

Email: adminassistant@gitxaalanation.com

Fax: (250) 624-2423