GITXAAŁA NATION

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

First Name _____ Middle Name _____ Last Name _____

Date of Birth: Month/Day/Year _____ Status Number 672

Current mailing address:

Apartment # _____ Street # _____ Street Name _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email Address _____

Dependants (17 and Under)
The child(ren) must be in your care to be eligible to receive the payments for them.
If there are duplicated submissions for the child(ren) the payment for the child will be withheld until the parents reach an agreement.
The agreement must be submitted in writing and signed by both parents.(an email from both parents is acceptable)

Who will be claiming the child(ren)? _____

Dependant information:

Full Name	Date of Birth	Age	Status Number

Payment method: Check one box. For direct deposit, attach a void cheque or direct deposit form.

Direct Deposit ☐ Cheque ☐

Applicant Signature _____ Date of Application _____

Please email completed application to : distribution@gitxaalanation.com

Questions please call: GTMA - 250-624-3339 option #6 to speak with Sally Bolton

HOUSEHOLD CONTACT INFORMATION

Who should be the primary contact for your household's Christmas food box or grocery gift card?

Please choose the person who should be the primary contact for your household.

Household contact name

Phone number

Household physical address

City or community

Province

Postal code

Applicant name (to match this page to your application)