



## COMMUNITY DISTRIBUTION APPLICATION

Application Deadline: \_\_\_\_\_

Payment Issue Date: \_\_\_\_\_

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

**GUARDIAN INFORMATION:**

<b>Full name:</b>	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	<b>MFN Member</b>	YES                      NO
<b>Address:</b>	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>Street address</span> <span>Apt/Unit #</span> </div>	<b>Phone:</b>	
	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>City</span> <span>Province/State</span> <span>Postal Code/ Zip Code</span> </div>	<b>Email:</b>	

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

***This may include the spouse of applicant with signature below and/or minors/children living will parent or guardian.***

Child's Full Name	Child's Birthdate (M/D/Y)	Child's Status Number

If you apply for more than 5 additional Mamalilikulla First Nation Members, please use a second application form.

Might there be another person applying for any of the listed  Yes  No

If so, who? \_\_\_\_\_

**Legal custody documents MUST BE provided to resolve any eligibility issues.**

**PAYMENT METHOD**

To receive your distribution payment, what method would be best for you? (Please include a VOID cheque or EFT)

**EFT or Cheque (Please circle one)**

Cheques will be mailed to the address above.

<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
<b>Spouse's Signature:</b> _____	<b>Date:</b> _____