

## **GITXAAŁA NATION**

PO Box 149 11 Ocean Drive Kitkatla, BC V0V 1C0 Ph: 250-848-2214 Fax: 250-848-2238

## MEMBERSHIP DISBURSEMENT FORM

## SUBMISSION DEADLINE: WEDNESDAY, NOVEMBER 27th 2019 5:00pm

First Name:	Mic	ddle Name	ne: Last Name:				
Street Address:				PO Box #:			
City:			Province:	Postal Co	ode:		
Telephone:		Er	nail:			<del></del>	
Date of Birth:			Status #:				
Payment Method:							
Cheque Direct	ct Deposit (	Attach Au	thorized Direct De	posit form/Void Cl	heque from Bank)	)	
List Dependants Below: (17 & under):					Office Use Only		
First Name	Last Name	Age	Date of	Status #	Eligibility	Amount	
			Birth		Yes / No		
					Total		
Signature:			, Date:				
	Member, Parei	nt/Guarau	an				
Email: di	sbursement@g	itxaalan	ation.com or	Fax: 250-848-2	2238		
Drop Off: Debbie 1	Russ at the Lach	Klan Bai	nd Office, or Aı	nita Watts at the	Prince Rupert	GEM Office	
•			,		1		
Office Use Only							
Membership Confirmation:				Date:			
Finance:							
Administrator:							

Invoice #: DEC19-\_\_\_\_\_\_Vendor #: \_\_\_\_\_ Code#: 5900-109