

Lax Kw'alaams Band
206 Shashaak Street
Lax Kw'alaams BC V0V 1H0
Telephone: (250) 625-3293
Fax: (250) 625-3246



Lax Kw'alaams Band
100 1st Ave East
Prince Rupert BC V8J 1A6
Telephone: (250) 627-5733
Fax: (250) 627-5933

The Lax Kw'alaams Band is providing a **ONE TIME GIFT** for **Lax Kw'alaams Registered Band Members – as of October 22, 2018.**

Please fill out the attached form and either:

- 1) Fax it to 250-625-3246
- 2) Email to christmas@laxband.com
- 3) Drop it off at the Lax Kw'alaams Band OR the Lax Kw'alaams Business Development office at 100 1st Ave East, Prince Rupert

Deadline to submit your application is by February 28, 2019

Include only minors and Lax Kw'alaams Band registered spouse that are living in the same residence. **Documentation proving guardianship may be required.**

The first mail out is set for December 1, 2018. We remind you that Lax Kw'alaams has a large membership and asks for your patience. Please do not make repeated calls to the Band office to inquire about the status of your disbursement. We will not tolerate harassment of staff.

For the application to be processed, it must be CLEARLY PRINTED and filled out completely, with postal codes etc. It is the member's responsibility to ensure it is sent. Incomplete applications will be delayed!

We remind all members that it is always very important to update your information with the Band Membership Clerk on name changes, address changes etc.



Lax Kw'alaams Band Gift Form 2018 – For Lax Kw'alaams Registered Band Members Only

Applicants Legal Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(First)	(Middle)	(Last)
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Month)	(Day)	(Year)

Spouse's Legal Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(First)	(Middle)	(Last)
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Month)	(Day)	(Year)

Dependents (minor children – please use the back for additional space)

Dependent's Legal Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(First)	(Middle)	(Last)
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Month)	(Day)	(Year)

Is this child in your care? Yes No Partially

Dependent's Legal Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(First)	(Middle)	(Last)
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Month)	(Day)	(Year)

Is this child in your care? Yes No Partially

Dependent's Legal Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(First)	(Middle)	(Last)
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Month)	(Day)	(Year)

Is this child in your care? Yes No Partially

Dependent's Legal Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(First)	(Middle)	(Last)
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Month)	(Day)	(Year)

Is this child in your care? Yes No Partially

By signing this application, you are declaring that the information provided is true. Any false information can jeopardize your cheque or gift now, and in the future.

Please make cheque payable to: _____

Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Street Address)	(Apt Number)	(City)	(Province)	(Postal Code)

Phone Number: _____ Email: _____

Signature: _____ Date: _____