

All Fields Must Be Complete
Please Print Clearly

Lax Kw'alaams Band Gift 2020

Gift Application Form

For Lax Kw'alaams Registered Band Members Only

Applicant's Legal Name			
	(First Name)	(Middle Name)	(Surname)
Date of Birth			
	(Month)	(Day)	(Year)

Lax Kw'alaams Spouse's Legal Name			
	(First Name)	(Middle Name)	(Surname)
Date of Birth			
	(Month)	(Day)	(Year)

Dependents (minor children under the age of 18 as at November 30, 2019) Are these children in your care? Yes ___ No ___ Partially ___

Lax Kw'alaams Dependent's Legal Name			
	(First Name)	(Middle Name)	(Surname)
Date of Birth			
	(Month)	(Day)	(Year)

Lax Kw'alaams Dependent's Legal Name			
	(First Name)	(Middle Name)	(Surname)
Date of Birth			
	(Month)	(Day)	(Year)

Lax Kw'alaams Dependent's Legal Name			
	(First Name)	(Middle Name)	(Surname)
Date of Birth			
	(Month)	(Day)	(Year)

Print additional form if more space required for dependents

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

Address			
	(Street Address)	(City)	(Province)
	(Apartment Number)	(Postal Code)	

Phone Number _____ Email _____

Signature _____ Date _____