



Thunderchild First Nation
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 Website: www.thunderchild.ca

Band Membership Assistance Distribution
PAYMENT TO AN INDIVIDUAL

I, _____ (Print Name) being a Citizen of the **Thunderchild First Nation (Indian Registry # 349)** acknowledge receipt of the sum of \$ _____ which represents payment to me as a Citizen of the Thunderchild First Nation.

I, represent that I am a Citizen of the Thunderchild First Nation and that I am entitled as a Citizen of Thunderchild First Nation to receive these funds.

In consideration of the payment, I do hereby release and forever discharge the Chief and Council of the Thunderchild First Nation from any and all manners of action, cause of action, suit, cost, debt, demand or claim of whatever nature of any kind which the undersigned or any other person shall or may have by reason of or relating to the payment of monies to me.

Signature: _____ Witness: _____

Signed at: _____, **this** _____ **day of December 2017.**

Received (check one below):

_____ **Cheque #:** _____ **Cash: \$** _____

ADDRESS: _____

Please **MAIL, EMAIL, FAX** or **HAND DELIVER** to the above **ADDRESS**.

Check one for identification provided:

_____ **Health Card #:** _____
 _____ **Status Card #:** _____
 _____ **Driver's License #:** _____

If applying by mail, email or fax it is **MANDATORY** that you provide a photocopy of your identification.

PLEASE NOTE: DEADLINE FOR PCD PAYMENT IS MARCH 31, 2018