



Thunderchild First Nation
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Band Membership Assistance Distribution
PAYMENT TO PARENT and/or GUARDIAN OF MINORS

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 for the following children, each of whom is 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 on behalf of the children listed below.

I, represent that I am the parent and/or legal guardian of the below named children sand that the funds received in respect to each child will be used for his or her benefit or that the funds will be deposited in a trust account maintained for that child.

CHILD'S NAME:	BIRTH DATE: (MM/DD/YY)	REGISTRY NUMBER:
_____	____/____/____	<u>349</u>
_____	____/____/____	<u>349</u>
_____	____/____/____	<u>349</u>
_____	____/____/____	<u>349</u>
_____	____/____/____	<u>349</u>
_____	____/____/____	<u>349</u>
_____	____/____/____	<u>349</u>
_____	____/____/____	<u>349</u>

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