



Thunderchild First Nation
Box 600
Turtleford, Sk.
S0M 2Y0

Phone: (306) 845-4300
Fax: (306) 845-3230
Email: info@thunderchild.ca
Website: www.thunderchild.ca

Band Membership Assistance Disbursement
Payment to an Individual and Guardian of Minors

I, _____ (Print Name), being a Citizen of the Thunderchild First Nation (Indian Registry #) 349-_____ acknowledge receipt of the sum of \$ _____ which sum represents payment to me and the following children, each of whom is a Citizen from the Thunderchild First Nation as Band Membership Assistance Disbursement.

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

I, represent that I am the parent or legal guardian of the below named children and that the funds received in respect to each such 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)	Indian Registry #:
_____	_____	349-_____
_____	_____	349-_____
_____	_____	349-_____
_____	_____	349-_____
_____	_____	349-_____
_____	_____	349-_____
_____	_____	349-_____
_____	_____	349-_____
_____	_____	349-_____

Signed @ _____ this _____ day of December, 2011.

Received (check one below):

_____ Cheque #: _____ Cash: \$ _____

Signature of Citizen:
Address: _____

Witness:

Please mail, fax or hand deliver to: **Thunderchild First Nation, Box 600, Turtleford, Sk.**
S0M 2Y0 Ph: 308-845-4300/Fax: 306-845-3230

Please check one for ID provided: ___ Health Card / ___ Status Card / ___ Drivers License.
If applying by mail or fax, include a photocopy of your ID.