



## Peters First Nation – Distribution Program Enrollment Form

Please fill out the form completely and correctly – cheques will be issued to the applicant only.

### Applicant Information:

Legal First Name: _____ Middle: _____		Legal Last Name: _____	
Date of Birth: ____/____/____		Status Number:	
Are you a Peters First Nation Band member?		YES	NO
Are you applying on behalf of a minor Band member?		YES	NO

### To be completed only if applying on behalf of a minor(s):

*This may be minors/children living with parent or guardian or with another*

Full Legal Name(s):	Birthdate:	Band Number

Please note: A Status Number is required for a Minor Distribution. Status Number must be provided within 6 months in the case of newborn Eligible Members.

### Contact Information

Mailing Address: _____	
City: _____	Province/ State: _____ Postal/Zip code: _____
Home Number: (    ) _____ - _____	Cell Number: (    ) _____ - _____
E-mail Address: _____	Fax Number: _____
Alternate Contact Name: _____	Alternate Contact Phone Number: _____
Relationship of Alternate Contact: _____	Alternate Contact Email: _____

### Payment Method

<b>To receive your distribution cheque, what method would be best for you?</b>	
❖ I WILL PICK UP AT THE BAND OFFICE:	<input type="checkbox"/>
❖ PLEASE MAIL TO THE ABOVE ADDRESS:	<input type="checkbox"/>
❖ PLEASE PROCESS BY DIRECT DEPOSIT:	<input type="checkbox"/> <b>(Direct Deposit form must be completed)</b>
I am unable to pick up my cheque in person or receive by mail. I authorize _____ to pick up my cheque on my behalf. I understand my representative will need to provide proof of identification at pickup.	
Signed: X _____	

~IMPORTANT: PLEASE SIGN DECLARATION ON REVERSE~

