



# GITMAXMAK'AY

“Nisga'a People of the Rainbow”

## Salmon Harvest Application 2021

DATE OF SUBMISSION (dd/mm/yy): \_\_\_\_\_

Full Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Citizenship Number: \_\_\_\_\_

[Street & No.]    [City/Prov]    [Postal Code]

	First Name	Last Name	BIRTH DATE (mm/dd/year)	CITIZENSHIP # (Office use only)
1				
2				
3				
4				
5				
6				
7				

**Applicant Signature:** \_\_\_\_\_

*By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability. I understand the gift will come in the form of a \$50 Save On More Gift Card. I also understand that my contact information may be used for future Society text and email communications.*



# GITMAXMAK'AY

**“Nisga'a People of the Rainbow”**

**PLEASE NOTE:**

- **Salmon Harvest Gift Application will be accepted until after the 1st distribution**
- Submitting incomplete or unsigned applications may delay application processing time
- Late applicants will be accepted but not processed until later in the season.
- Applicants are required to appoint a designate if they are unable to pick up their harvest/gift themselves.
- You will be required to complete a change of address form if you've moved within the calendar year.

**DATE OF GIFT PICKUP (dd/mm/yy):** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

***IF GIFT IS PICKED UP BY A DESIGNATE:***

**DESIGNATE NAME:** \_\_\_\_\_ **DESIGNATE SIGNATURE:** \_\_\_\_\_

*By signing this document, I confirm that I have collected the Gitmaxmak'ay Nisga'a Society salmon harvest gift on behalf of the eligible Nisga'a member(s) . I also understand that my contact information may be used for future Society text and email communications.*

Check this box for COVID relief in the form of 1 - \$50 Save-on Foods gift card per household

*FOR OFFICE USE ONLY*

*Authorized by:*

*Amount of Cheque Issued:*

*Date of Issue:*