GITMAXMAK'AY

"Nisga'a People of the Rainbow"

AFFILIATED CHRISTMAS GIFT APPLICATION 2026

DATE OF SUBMISSION (dd/mm/yy): _____ **Citizenship# :** _____

APPLICANT NAME: _____ **BIRTHDATE:** _____
[month/day/year]

ADDRESS: _____
[Street & No.] **[City/Prov]** **[Postal Code]**

PHONE NUMBER: _____ **EMAIL:** _____

1 PIECE OF PROOF OF ADDRESS REQUIRED:

☐ Utility bill ☐ Government ID ☐ Recent Paystub
☐ Bank or credit card statement ☐ Tenancy Agreement

	REGISTERED NISGA'A MEMBERS RESIDING IN THE SAME HOUSEHOLD	BIRTH DATE *(mm/dd/year)*	CITIZENSHIP # *(Office use only)*
1			
2			
3			
4			
5			
6			
7			
8			

☐ Signature: _____ $200.00 cheque per household.

FOR OFFICE USE ONLY
Cheque Mailed by: _____ ***Date of Issue:*** _____