



GITMAXMAK'AY

“Nisga’a People of the Rainbow”

AFFILIATED CHRISTMAS GIFT APPLICATION 2024

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			



\$75.00 cheque per household.

FOR OFFICE USE ONLY
Cheque Mailed by:

Date of Issue: