



Whitefish River First Nation Gym Fund Form

Applicants Name:			
Birth Date:			
10 Digit Band #			
Address:			
Phone:			
Email:			
Please check off that you have included the following:			
Copy of Status Card:		Receipts: Circle: Gym membership or Equipment	

Direct Deposit: Proper Bank slip is required, otherwise a cheque will be automatically mailed out.

By signing this form, you hereby give permission for the Whitefish River First Nation Membership Clerk to verify your membership with Whitefish River First Nation (WRFN). By signing this form, you also agree that WRFN may use your contact information to communicate with you.

Applicants Signature

Date

Application Checklist: Below is to be completed by Whitefish River First Nation Administration Staff

Requirements			
Status Card:	Yes	No	
Receipts provided:	Yes	No	
Direct Deposit provided:	Yes	No	
Application received by:	Fax	Email	Mail
Date Application received:			
Date Application processed:			