



Tla'amin Nation Healthy Living Dividend 2022

Please note: All fields must be filled out.

Applicant Details

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *City*

_____ *Province* *Postal Code* *Phone*

Email: _____
Status/Citizenship
Number (required): _____

Check box if your spouse/partner (who holds Tla'amin Nation Status/Citizenship) is applying on this application and fill out the fields below.

Spouse's Name: _____
Last *First* *M.I.*

Status/Citizenship
number (required) _____

Dependent Details

Please list all children under the age of 18 to be included on this application. Status/Citizenship required to be eligible.

Full Name: _____
Last *First* *DOB* *Status/Citizenship (required)*

Full Name: _____
Last *First* *DOB* *Status/Citizenship (required)*

Full Name: _____
Last *First* *DOB* *Status/Citizenship (required)*

Full Name: _____
Last *First* *DOB* *Status/Citizenship (required)*

Banking Details

Check one box:

Cheque: Pick up
 Please Mail

Direct Deposit:

Please submit new Direct Deposit form with application

Submit applications via email dividends@tn-bc.ca or
mail to 4779 Klahanie Rd, Powell River, BC V8A 0C4 or
Fax: 778-762-5027

Applicant Signature

Spouse/Partner Signature