NISGA'A CITIZENSHIP DEPARTMENT MEMBERSHIP CHANGE FORM

Date: _____ **MEMBERSHIP#**_____

☐ Change of Address ☐ Change of phone # ☐ Change of Name ☐ Correction

☐ Death Notice ☐ Send Application(s) ☐ Elders Package ☐ District

Comments/other:

_____

_____

PART A: New Address/ Name/Phone #:

Full Legal Name:_____

Date of Birth: _____Telephone Number (_____)_____

Street Address: _____ Town/City: _____

Province/State: _____ _ Postal Code / Zip Code_____

PART B: Previous Address/ Name/ Phone

Full Legal Name:_____

Date of Birth:_____ Telephone Number: (_____) _____

Street Address: _____ Town/City:_____

Province:/State: _____ ___ Postal Code / Zip Code: _____

PART C: Additional Members in house hold (For more names use back of this page)

Name: **D.O.B.** **Membership #**

1. _____
2. _____
3. _____

Witness:_____ Signature:_____

NISGA'A CITIZENSHIP DEPARTMENT MEMBERSHIP CHANGE FORM

Full Legal Name: **D.O.B. (YY / MM / DD)** **Membership #**

4._____

5._____

6._____

7._____

8._____

9._____

10._____