



# 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:

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## 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)

<u>Name:</u>	<u>D.O.B.</u>	<u>Membership #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

**NISGA'A CITIZENSHIP DEPARTMENT MEMBERSHIP  
CHANGE FORM**

<b>Full Legal Name:</b>	<b>D.O.B. (YY / MM / DD)</b>	<b>Membership #</b>
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4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_