



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)

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

Witness: _____

Signature: _____

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

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

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____