



SIKSIKA NATION TRIBAL ADMINISTRATION

PERSONAL MAILING REQUEST FORM

NAME: _____

REGISTRY #: _____

ADDRESS: _____

PHONE #: _____

I, _____, HEREBY GIVE THE SIKSIKA NATION MEMBERSHIP DEPARTMENT PERMISSION TO MAIL ALL MATAPIIKS PER CAPITA DISTRIBUTION CHEQUES TO MY MAILING ADDRESS. UNLESS OTHERWISE CANCELLED IN WRITING, ALL CURRENT AND FUTURE CHEQUES WILL BE MAILED OUT TO THE ADDRESS PROVIDED.

SIGNATURE

DATE