



Mistawasis Nêhiyawak
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Leask SK S0J 1M0
(TEL) 306-466-2390
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Email: mistymembership@gmail.com

Band Transfer Consent Form For an Adult

BCR File Number: _____

Date: _____

This is to confirm that I, _____ have applied for membership and have been accepted as a member of the Mistawasis Nêhiyawak Band # 103 and hereby consent to the removal of my name from the _____ Band List and the addition of my name be added to the Mistawasis Nêhiyawak Band List.

Signature of Individual: _____

Personal Information of Individual

Full Name: _____

Date of Birth: _____

My current registry number is: _____

Mailing Address: _____

Street

City

Province

Postal Code

Telephone No