

**Member Direction to Chief and Council
Re: Payment of Business Profits Distribution**

Name: _____ **Mailing Address:** _____

Telephone: _____

I am aware that the Business Profits Distribution Payment is to be made on specified dates at Fort McKay First Nation's Reserves. I am not able to attend at Fort McKay to receive my per capita distribution and direct that my per capita distribution grant be delivered as follows:

I have signed the Member Acknowledgement and Representations before a witness and enclose it with this Direction. I understand that the Member Acknowledgment and Representations will take effect when the Business Profits Distribution Payment is made to me.

Date: _____, 2018

Signature of Member

Witness Signature
(Please print witness name below)

Please Provide Your Current Contact Information

In order to better serve our members, Fort McKay First Nation needs to maintain up to date contact information, especially for those who live off-reserve.

This information will be used for the purposes of creating and updating our membership contact database.

Home Address or Mailing Address:

Name (First, Last)

Street or Mailing Address

City, Town, or Village

Postal Code

Email address

Telephone numbers:

home

cell

I want to be contacted when there is an upcoming **Quarterly General Meeting**:

☐ Yes ☐ No

If yes, I wanted to be contacted by:

☐ mail
☐ email

For off-reserve band members:

I want the **Red River Current newsletter** mailed to the address I have provided above:

Yes ☐ No ☐