



PARTICIPANT'S GWICH'IN COMMUNITY TRANSFER REQUEST
- STATEMENT OF CONSENT -

Full Name:				
Provide the following information				
Enrolment Number			Date of Birth	
			(MM-DD-YYYY)	
Community Presently Associated with			Community Participant wishes to be Associated with	
<input type="checkbox"/> Aklavik <input type="checkbox"/> Fort McPherson <input type="checkbox"/> Inuvik <input type="checkbox"/> Tsiigehtchic			<input type="checkbox"/> Aklavik <input type="checkbox"/> Fort McPherson <input type="checkbox"/> Inuvik <input type="checkbox"/> Tsiigehtchic	
Contact Information (Please provide either a Phone Number or Email Address (preferably both) so that we can contact you)				
Phone Number			Email	
Home Address				
P.O. Box	Apt./Unit	Street No.	Street Name	
City/Town		Province/State	Country	Postal Code
Mailing Address <input type="checkbox"/> Tick here if it the same as Home Address				
P.O. Box	Apt./Unit	Street No.	Street Name	
City/Town		Province/State	Country	Postal Code
If you wanted your minor child(ren) to transfer also, please list below:				
Name of Child(ren)		Date of Birth (YYY-MM-DD)	Enrolment Number	

Applicant Signature:

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily to update my enrolment file.

* In case of minor children both parents must sign the request for transfer

Print Name of Applicant

Date: MM-DD-YYYY

Signature of Applicant (If 19 years of age or older)

Date: MM-DD-YYYY

FOR OFFICE USE ONLY

Date received

Date reviewed by Enrolment Officer

Date Processed

Applying In Person

Please bring this form and copies of your supporting documents to:

Gwichin Tribal Council
1-3 Council Crescent
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Mail

Mail or Courier this form and copies of your supporting documents to:

Gwichin Tribal Council
Attention to: Enrolment
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Fax

Fax with this form and copies of your supporting documents.

Fax to 867-777-7919.

Attention to: Enrolment

Applying By Email

Please email this form and copies of your supporting documents to: enrolment@gwichintribal.ca.