BRFN Band Administration
BRFN Phone: 306-724-4700 Prince Albert Urban Phone: 306-765-0015
Saskatoon Urban Phone: 306-242-0741 Email: brfn.members@brfn.ca

2026 CHRISTMAS PCD

Member Information & Application Form

XMAS PCD Liaison # 306-468-7847

Please complete all sections. For children, current proof of guardianship MUST be attached. Incomplete applications cannot be processed. 18+ can claim their own PCD or parent. If you have new banking information, please attach to form. Written Bank Info will not be accepted.

HOW TO SUBMIT: Drop off your completed application and supporting documents at the BRFN Main Office or a BRFN urban office. If you live too far away to drop them off, email everything to brfn.members@brfn.ca. Fax not recommended, but it is 306-724-2161

PART ONE - MEMBER / PARENT / GUARDIAN

Full legal name: **Treaty / Status number:**

Date of birth (YYYY-MM-DD): **Phone number:**

Mailing address: **Email address:**

Applying for: ☐ Myself ☐ Child(ren) / minor(s) under my care ☐ Both

PART TWO - CHILDREN / MINORS (IF APPLICABLE, if more space is required, please attach another form)

#	Full legal name	Date of birth	Treaty / Status number
1			404
2			404
3			404
4			404
5			404
6			404
7			404

PART THREE - SUPPORTING INFORMATION

Check any documents provided with this form: ☐ **Government-issued photo ID** ☐ **Second valid ID**

CHECK ONE FOR BANKING INFORMATION: ☐ **Up to date void cheque form** -OR- ☐ **Bank Information the Same**

☐ **REQUIRED for each child: PLEASE ATTACH Current proof of guardianship (Canada Child Benefit / CTB documentation OR a letter from the school, family doctor, or Child Services)**

IMPORTANT: Proof of current guardianship is mandatory for every child listed. Applications for children without this proof will be considered incomplete and cannot be processed. No exceptions. Do not submit banking details in public comments online.

PART FOUR - DECLARATION

I confirm that the information provided is accurate to the best of my knowledge. I understand that BRFN may verify membership and the information submitted for the purpose of administering the Christmas PCD.

Applicant / parent / guardian signature: **Date signed:**

PART FIVE - OFFICE USE ONLY – Do not fill this section, Office Staff Only

Membership verified: ☐ Yes ☐ No Minor / guardian documents reviewed: ☐ Yes ☐ No ☐ N/A

Reviewed by (initials): **Amount approved (if applicable):** **Date processed:**

Payment method: ☐ Direct deposit ☐ Other Status: ☐ Complete ☐ Follow-up required