

**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: _____

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