



Acadia First Nation

10526 Highway #3 Yarmouth, Nova Scotia B5A 5J7
Bus: (902) 742-0257 Fax: (902) 742-8854
Toll Free : 1-866-670-8086
www.acadiafirstnation.ca

____ I would like to pick up my Profit Sharing at _____ (please state which office)

____ I would like my Profit Sharing mailed to me.

Applicant Name:

****Band Number:** _____ Date of Birth: *day*____/*month*____/*year*_____

Telephone #: _____

Mailing Address: _____

Acadia First Nation Band Members 18 years of age and older as of December 31, 2020 and a resident in the province of Nova Scotia are eligible to receive the profit sharing. Applications must be fully completed to be considered. The deadline is **November 2nd, 2020.** Applications may be faxed, emailed or dropped off to any Acadia First Nation office.

By signing this I certify that I am a resident of Nova Scotia and authorize Acadia First Nation to verify and use the above information to process my application for profit sharing.

****ALL APPLICATIONS ARE SUBJECT TO VERIFICATION****

Signature of Applicant: _____ Date: _____

Witnessed by: _____ Date: _____

FOR OFFICE USE ONLY:

Application Received on:

Approved () Not Approved ()

Signature : _____