



# Wasoqopa'q First Nation

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 \_\_\_\_\_ YARMOUTH \_\_\_\_\_ MEDWAY  
\_\_\_\_\_ WILDCAT \_\_\_\_\_ SHELBURNE  
\_\_\_\_\_ HALIFAX \_\_\_\_\_ GOLD RIVER

\_\_\_\_\_ I would like my Profit Sharing mailed to me.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

\*\*10 digit Band Number: 

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Date of Birth: day\_\_\_\_/mth\_\_\_\_/year\_\_\_\_

Telephone #: \_\_\_\_\_

COMPLETE Mailing Address:

CIVIC/PO BOX \_\_\_\_\_ TOWN/CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Wasoqopa'q First Nation Band Members 18 years of age and older as of December 31<sup>st</sup>, 2023 and a resident in the province of Nova Scotia are eligible to receive the profit sharing. Applications must be completed in full to be considered. The deadline is **October 26<sup>th</sup>, 2023.** Applications must be faxed, emailed or dropped off to any Wasoqopa'q First Nation office.

**By signing this I certify that I am a resident of Nova Scotia and authorize Wasoqopa'q 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: \_\_\_\_\_