



XWCHÍYÒ:M

CHEAM FIRST NATION

REQUEST FOR UPDATED MEMBER INFORMATION

****INCOMPLETE FORMS WILL NOT BE PROCESSED****

Member Information			
First Name:	Middle:	Last:	
DOB: MMM/DD/YYYY	Status #:	Phone:	
Mailing Address:		Email:	
City:	Province:	Postal Code:	T-Shirt Size:
Spouse Information (if Cheam Band Member of lives on Cheam reserve lands)			
First Name:	Middle:	Last:	
DOB: MMM/DD/YYYY	Status #:	Phone:	
Email:		T-shirt Size:	
Children (that reside primarily with you)			
First Name:	Middle:	Last:	
Status #:	DOB: MMM/DD/YYYY	T-shirt Size:	
First Name:	Middle:	Last:	
Status #:	DOB: MMM/DD/YYYY	T-shirt Size:	
First Name:	Middle:	Last:	
Status #:	DOB: MMM/DD/YYYY	T-shirt Size:	
First Name:	Middle:	Last:	
Status #:	DOB: MMM/DD/YYYY	T-shirt Size:	
First Name:	Middle:	Last:	
Status #:	DOB: MMM/DD/YYYY	T-shirt Size:	
Signatures			
Signature of applicant:		Date:	
Signature of spouse:		Date:	

Please submit completed forms to daphnee@cheamband.com and communications@cheamband.com.