YELLOWKNIVES DENE FIRST NATION

Release of YKDFN Adult Membership Payment

Incomplete application will be rejected

PO Box 2514, Yellowknife, NT X1A 2P8
Tel. 867-873-4307 Fax 867-873-5969
Email payouts@ykdene.com

YKDFN Applicant and Contact Information

Full Legal Name: _____

Mailing Address: _____ Date of Birth: (M-D-Y): _____

City, Terr/Prov: _____ Treaty Registration # _____

Postal Code: _____ Social Insurance Number: _____

Phone #: _____

E-mail: _____

Payment Method

Please choose one only:

☐ EFT (Direct Deposit) – YKDFN Standard Payment Method.

Bank Institution: _____ Institution #: (3 digits) _____

City, Terr/Prov: _____ Br./Transit #: (5 digits) _____

Please attach: ☐ Direct Deposit Form ☐ Void Cheque Account #: (7 digits) _____

☐ Cheque – Only exceptional circumstances and subject to YKDFN Approval.
Cheque issuance will be delayed, and your bank will hold up to 10 business days.

YKDFN Member Applicant Declaration and Authorization

I, the YKDFN Member Applicant, hereby declare, acknowledge, and agree to the following:

1. I am a registered Member of the Yellowknives Dene First Nation (YKDFN) as of November 3, 2026.
2. I accept the YKDFN Membership Payment in the amount of FIVE HUNDRED DOLLARS ($500.00).
3. I understand and acknowledge that this is a one-time Membership Payment and that any future payment, if approved, is not guaranteed and may be reduced, changed, or discontinued.
4. I confirm that I have not received and am not entitled to receive an equivalent membership payment or benefit from another Treaty, Indigenous First Nation, or Indigenous organization in relation to this payment.
5. I am eighteen (18) years of age or older as of the date of this application and am not currently subject to a trusteeship or Court Order appointing a trustee to manage funds on my behalf.
6. I confirm that I am not subject to any Court Order, garnishment, or other legal direction requiring YKDFN to redirect or withhold all or any portion of a payment otherwise payable to me.
7. I understand that receipt of this Membership Payment may affect my income tax obligations, eligibility for subsidies, social assistance, income-tested benefits, or other programs. I accept responsibility for determining and addressing any tax, reporting, or benefit implications arising from receipt of the payment.
8. I authorize YKDFN to electronically deposit the membership payment by Electronic Funds Transfer (EFT/Direct Deposit) into the bank account identified in this application. This authorization will remain in effect until I provide written notice of a change to my banking information or withdrawal of my EFT authorization.
9. I understand that I am responsible for the membership payment once it has been issued to me and for the use of those funds.
10. I authorize YKDFN to update my contact information on the YKDFN Membership List using the current information provided in this application.

By signing below, I certify that I have read and understood the above declarations and that, to the best of my knowledge, all information provided in this application is true, correct, current, and complete. I understand that false, inaccurate, misleading, or incomplete information may affect my YKDFN Membership Payment.

YKDFN Applicant Signature: _____ Date: _____

FOR YKDFN FINANCE DEPARTMENT USE ONLY

Vendor ID # _____ AP Batch-Entry # _____ EFT Batch # _____