Wasoqopa'q First Nation

10526 Highway 3
Yarmouth, NS B5A 5J7
Phone: (902) 742-0257 | Fax: (902) 742-8854
Toll-free: 1 (866) 670-8086
wasoqopaq.ca

PROFIT SHARING APPLICATION

****PLEASE SUBMIT BANKING INFORMATION AS THESE WILL BE DISTRIBUTED VIA DIRECT DEPOSIT ONLY (deposit form or void cheque)**

FIRST NAME: _____ **LAST NAME:** _____

****10 digit Band Number:** | 0 | 1 | 8 | | | | | | | |

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 31st, 2025 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 27th, 2025.** Applications must be faxed, emailed or dropped off to any Wasoqopa'q First Nation office. (email to info@wasoqopaq.ca)

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:_____