Maxłaxaała
First Nation

Metlakatla Governing Council is pleased to announce a $1,500 distribution per registered member to support all members of the Metlakatla First Nation.

Key Details:

- Distribution Amount: $1,500 CAD per member
- Your name appears on the Indigenous Services Canada registry as of October 1, 2026.
- Application Deadline: March 31, 2027
- Applications received after December 4, 2026, will not be processed until January 2027.
- Minors: Payments for registered minors (under 19) will be issued to one parent or legal guardian

Incomplete Applications:

Applications missing a status number, birthdate, or required identification will not be processed. Please ensure all of your information is correct and your ID's are valid before submitting to prevent delays in processing.

How to Apply:

Applicants must provide two pieces of valid, government-issued identification (front and back). Completed applications can be submitted by email to distributions@metlakatla.ca. To request a paper copy by mail, please contact the Distributions Team to make arrangements. Paper copies are also available in person upstairs at CBRC, 344 2nd Avenue West, Prince Rupert. For minors, identification is not required - only the child's name, birthdate, and status number must be provided.

Special Circumstances:

If you are submitting on behalf of another person under a Power of Attorney, please attach the required legal documentation. Payments will be made to the rightful recipient based on the documentation submitted. Please send all relevant documentation to distributions@metlakatla.ca.

For urgent matters or questions related to this distribution:
Email: distributions@metlakatla.ca
Call/Text: 778-884-1101

Maxłaxaała
First Nation

Distribution Application

November 2026 - $1500 per member

To whom the cheque is made payable to:

First Name: **Middle Name(s):** **Last Name:** **Date of Birth:** example: May 9, 1983

Mailing Address:

City: **Province/State:** **Postal Code:**

Email: **Phone:**

Status Number:

By submitting this application, I consent to the repayment of any outstanding debt to Metlakatla.
By submitting this application, I declare minors listed on this form are under my legal guardianship.

Minors (under 19)

Full Name:	Status Number:	Date of Birth: example: May 9, 1983

Signature: **Date:**

FOR OFFICE USE ONLY

Date Received: **Membership Clerk Approval:** **Payout Amount:**

Email: distributions@metlakatla.ca **Call/Text:** 778-884-1101 **Mailing Address:** PO Box 459, Prince Rupert, V8J 3R2