



**Michel First Nation / Friends of Michel Society  
COVID-19 Off-Reserve Relief Funding Application**

Applicant Information

Full Name: \_\_\_\_\_  
Last First Initial(s)

Address: \_\_\_\_\_  
Apartment Unit # \_\_\_\_\_  
City/Town Province Postal Code

Certificate of Indian Status  
Registry No: 838 Date of Birth: \_\_\_\_\_  
Day Month Year

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Members and Associate members of Michel First Nation as contained on the list held by Chief and Council are eligible to apply for this COVID-19 funding.

If you wish to be added as a member, contact Roy Goerz at [roygoerz54@gmail.com](mailto:roygoerz54@gmail.com). We will require proof of ancestry: we suggest a family tree and birth certificate (Status card or Driver's licence if Birth certificate cannot be found). This will also help ensure our membership files are complete.

Please select area of need:

- Food  
 Masks, hand sanitizer, disinfectant, soap, toilet paper

Thank you for taking the time to complete this application. Help us keep your information up to date and provide us verification of your ancestry. Funding is limited and we want to reach as many members as possible.

**Declaration and Signature**

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan & email to:  
[michelfirstnationofficial@gmail.com](mailto:michelfirstnationofficial@gmail.com)

or mail to:  
**Michel First Nation  
22-53009 Range Road 20  
Parkland County AB T7Y 2G8**