



Notice Of Addition To Tribal Member Voting List

Full Name	Date of Birth	Social Security No.

Physical Address

Street	City	State	Zip

Mailing Address

Street	City	State	Zip

Phone Number

Alternate Phone Number

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I, _____, certify that on _____
(print name) (date)

I will be 18 years old and am now eligible to be added to the Big Sandy Rancheria voting list.

Signature

Date