

### **Notice Of Addition To Tribal Member Voting List**

Please read and fill out form completely. Incomplete forms will be returned.

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** 

## **Email Address**

I,	, certify that on
(print name)	(date)
	ny High School Diploma/GED and am now eligible to be added to the acceive monetary benefits.( <i>attach copy of High School Diploma/GED</i> )
	ve my High School Diploma/GED. I am eligible to be added to the ot receive monetary benefits at this time.
Signature	Date
The following documentation must be submitted along Copy of High School Diploma or C Photo ID	ng with this form for final review and placement on the membership list: GED Certificate
Member is eligible to add to <u>voting list</u> and <u>monetary ber</u>	Office Use Only nefits
Member is eligible to add to voting list only	

Verified by Tribal Council Member:

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