

CHAIRMAN
MARSHALL PIERITE
VICE CHAIRMAN
MARSHALL RAY SAMPSON, SR.
SECRETARY-TREASURER
BEVERLY CHAPMAN-RACHAL
COUNCIL MEMBERS
JAMES CRAIG, III
HAROLD PIERITE, SR.
BOBBY PIERITE, SR.
RUDOLPH H. WAMBSGANS, III



TRIBAL MEMBER ADDRESS CHANGE/CONFIRMATION FORM

**This form must be notarized and returned to: Beverly C. Rachal, Secretary/Treasurer
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351**

The 4th Amended Revenue Distribution Plan for the Tunica-Biloxi Indian Tribe of LA, approved by the Bureau of Indians Affairs on July 5, 2018, requires that tribal members keep a current address listing on file with the tribal administration office. The tribal government must be able to contact members regarding official communications from tribal government offices.

Name: _____ Tribal Roll #: _____

Address: _____

City, State & Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Tribal children under 18:

(1) _____ Roll # _____ (2) _____ Roll # _____

(3) _____ Roll # _____ (4) _____ Roll # _____

Authorization to Release Information: I, _____,
hereby authorize the Tunica-Biloxi Tribe of LA to release this information to Providence First Trust
and Morgan Stanley in order to update my minor children's account information at that institution.

**If you have children over the age of 18, they MUST submit their own address
confirmation/change form.**

Tribal Member Signature Date

Notary Signature Date

NOTARY SEAL