

CHAIRMAN
MARSHALL PIERITE

VICE-CHAIRMAN
MARSHALL RAY SAMPSON, SR.

SECRETARY-TREASURER
BEVERLY CHAPMAN-RACHAL

COUNCIL MEMBERS
HAROLD PIERITE, SR.
BOBBY PIERITE, SR.
JAMES CRAIG, III
PAULETTE VOISELLE



MEMBER INFORMATION UPDATE/CONFIRMATION FORM
(Adults 18 and over)

This form must be notarized or accompanied by a signed affidavit. Submit to:

Attn: Leslie Bonnette
Enrollment Director
Tunica-Biloxi Tribe of Louisiana
P.O. Box 1589
Marksville, LA 71351

The 4th Amended Revenue Distribution Plan for the Tunica-Biloxi Tribe of LA, approved by the Bureau of Indian Affairs, on November 9, 2018, requires that all tribal members keep current address/contact information on file with the Tribal Administration in order to receive per capita payments, additional assistance, services and important information updates regarding tribal matters.

FULL NAME					
ROLL #		DATE OF BIRTH			
MAILING ADDRESS					
SHIPPING ADDRESS				UNIT/APT	
CITY		STATE		ZIP CODE	
CELL PHONE			HOME PHONE		
EMAIL ADDRESS					
ALERT MEDIA UPDATE PREFERENCES:		EMAIL <input type="checkbox"/>		AND/OR CELL PHONE <input type="checkbox"/>	
MEMBER CHILDREN NAMES <i>(Under 18 years of age)</i>		ROLL NUMBER	MEMBER CHILDREN NAMES <i>(Under 18 years of age)</i>		ROLL NUMBER

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

NOTARY SEAL

TRIBAL MEMBER SIGNATURE

DATE

NOTARY SIGNATURE

DATE