



**(Adults 18 and over)**

**Submit to: Tunica-Biloxi Tribe of Louisiana, Attn-Enrollment Dept.**

**Email to: [enrollment@tunica.org](mailto:enrollment@tunica.org)**

FULL NAME					
ROLL # (Required)			DATE OF BIRTH		
MAILING ADDRESS					
SHIPPING ADDRESS				UNIT/APT	
CITY		STATE		ZIP CODE	
PHONE (1 Required)		HOME <input type="checkbox"/> CELL <input type="checkbox"/>			
EMAIL ADDRESS					
ALERT MEDIA UPDATE		(PREFERENCES) EMAIL <input type="checkbox"/> AND/OR CELL PHONE <input type="checkbox"/>			
MEMBER CHILDREN NAMES (Under 18 years of age)		ROLL NUMBER	MEMBER CHILDREN NAMES (Under years of age)		ROLL NUMBER

TRIBAL MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DIRECT LINE: (318) 561-0400 | 150 MELACON ROAD | P.O. BOX 1589 | MARKSVILLE, LA 71351