

MEMBER INFORMATION UPDATE/CONFIRMATION FORM

(Adults 18 and over)

This form must be notarized or accompanied by a signed affidavit. Tunica-Biloxi Tribe of Louisiana, Attn-Enrollment Dept. PO Box 1589, Marksville, LA 71351

Email to: enrollment@tunica.org

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 Admin important information up		ive per cap		additional a	ssistance, services and
FULL NAME					
ROLL # (Required)		DATI	OF BIRTH		
MAILING ADDRESS		·			
SHIPPING ADDRESS				UNIT/APT	
CITY		STATE		ZIP CODE	
PHONE (1 Required)	HOME CELL C				
EMAIL ADDRESS					
ALERT MEDIA UPDATE	(PREFERENCES)	EMAIL	AND/0	OR CELL	PHONE
MEMBER CHILDREN N (Under 18 years of a			MBER CHILD (Under yea	S ROLL NUMBER	
·				J /	
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.					
TRIBAL MEMBER SIGNATURE NOTARY SIGNATURE	DATE	_		NOT	ARY SEAL