

CHAIRMAN
Marshall Pierite

VICE CHAIRMAN
Marshall Ray Sampson, Sr.

SECRETARY-TREASURER
Beverly C. Rachal

COUNCIL MEMBERS
James Craig, III
Bobby Pierite, Sr.
Harold Pierite, Sr.
Paulette Voiselle



MEMBER INFORMATION UPDATE/CONFIRMATION FORM

(Adults 18 and over)

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

**Submit to: 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 Administration in order to receive per capita payments, additional assistance, services and important information updates regarding tribal matters.

FULL NAME					
ROLL # (Required)				DATE OF BIRTH	
MAILING ADDRESS					
SHIPPING ADDRESS				UNIT/APT	
CITY		STATE		ZIP CODE	
COUNTY					
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)	

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

DATE

NOTARY SEAL

NOTARY SIGNATURE

DATE

CHERISHING OUR PAST, BUILDING FOR OUR FUTURE

DIRECT LINE: (318) 253-9767 | 150 MELACON ROAD | P.O. BOX 1589 | MARKSVILLE, LA 71351