

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 (if under 18, must be notarized)
 Submit to:*

Amy Sampson
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 4, 2014, 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							
COMMUNICATION PREFERENCE:				EMAIL <input type="checkbox"/>		TEXT <input type="checkbox"/>	
						US MAIL <input type="checkbox"/>	
ALERT MEDIA - IMMEDIATE 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.

 TRIBAL MEMBER SIGNATURE DATE

NOTARY SEAL

 NOTARY SIGNATURE DATE

P.O. BOX 1589 MARKSVILLE, LA 71351 318-240-6400 or 800-272-9767 FAX: 318-253-0874