

CHAIRMAN
MARSHALL PIERITE
VICE-CHAIRMAN
MARSHALL RAY SAMPSON, SR.
SECRETARY-TREASURER
BEVERLY CHAPMAN-RACHAL
COUNCIL MEMBERS
JAMES CRAIG, III
BOBBY PIERITE, SR.
PAULETTE G. VOISELLE
DR. JULIE ZAHN



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:

Tunica-Biloxi Tribe of Louisiana

P.O. Box 1589

Marksville, LA 71351

Attn: Beverly Rachal, Enrollment@tunica.org or Fax 318-300-4341

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 (Under 18 years of age)		ROLL NUMBER	MEMBER CHILDREN NAMES (Under 18 years of age)		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

318-240-6409

FAX: 318-300-4341