



**THE KLAMATH TRIBES MEMBER BENEFITS DEPARTMENT**  
PO BOX 436  
CHILOQUIN, OREGON 97624

**MEMBER BENEFITS FORM**

Complete one form for each enrolled member of the family and **attach a copy of your social security card**. Each member age 18 and older must fill out and sign his/her own form. **MUST BE RETURNED BY APRIL 15, 2017** FOR BENEFITS.

(Please Print Legibly or Type)

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Enrollment Number:** \_\_\_\_\_  
First Middle Last

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
*Copy of Social Security card must be provided with application for eligibility. Attach copy to this application*

**Other Name(s):** \_\_\_\_\_  
Maiden, Nickname, Previous Married Name, Alias Name

**Address:** \_\_\_\_\_ **Post Office Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone Numbers: Home:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Msg:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

*I do hereby certify that I am the above named person and that all of the information is true and accurate, and I am an enrolled member of The Klamath Tribes. I understand there may be times when I will be requesting tribal, state, and federal assistance that will require an income verification of my annual per capita revenues and I release the Klamath Tribes to provide this information as requested.*

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Parent, Guardian Name:** \_\_\_\_\_  
*If member is a minor child-name & signature of parent/guardian is required.*

**FOR INTERNAL USE ONLY:**

<b>Enrollment Certified:</b> _____ <b>Date:</b> _____
<b>Adult:</b> _____ <b>Minor:</b> _____
<b>Status:</b> <u>2017 Gaming Distribution</u>
<b>MB eligible/entered db:</b> _____ <b>Initial and Date:</b> _____
<b>Newsletter copied:</b> _____ <b>Initial and Date:</b> _____

**Mail this form back to: The Klamath Tribes, Member Benefits or Enrollment, PO Box 436, Chiloquin, OR 97624**