



THE KLAMATH TRIBES MEMBER BENEFITS DEPARTMENT
501 CHILOQUIN BLVD., PO BOX 436
CHILOQUIN, OREGON 97624

MEMBER BENEFITS ADDRESS UPDATE FORM

Each member age 18 and older must fill out and sign his/her own form; addresses will not be changed without your signature. Please do not forget to update minor children. Please Print legibly or type.

Name: _____ Legal name	Maiden Name: _____	
Date of Birth: _____	Roll #: _____	Social Security Number: _____ - _____ - _____

NEW ADDRESS			
Mailing Address: _____	City: _____		
State: _____	Zip: _____ - _____	County: _____	
Phone Number: _____	Type of #: Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Msg: _____		
2 nd Phone Number: _____	<input type="checkbox"/> E-mail: _____		

OLD ADDRESS			
Mailing Address: _____	City: _____		
State: _____	Zip: _____ - _____	County: _____	

PLEASE LIST ALL MINORS WHO ARE AFFECTED BY THIS CHANGE OF ADDRESS!	
Name:	Date of Birth:

I 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 may request tribal, state, and federal assistance that will require an income verification of my annual per capita revenues; I release the Klamath Tribes to provide this information as requested. Yes: No: Initial: _____

Printed Name: _____ Signature: _____ Date: _____
If member is a minor child, signature of parent, legal guardian is required.

FOR INTERNAL USE ONLY:	
Enrollment Verified: Enrolled: <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Year of Eligibility: _____	
Signature: _____ Date: _____	Initial and date MB DB/File: _____