



The Klamath Tribes
Member Benefits Department
501 Chiloquin Boulevard
PO BOX 436
Chiloquin, OR 97624
memberbenefits@klamathtribes.com
Phone: (541) 783-2219 | Fax: (541) 783-7768
Contact Information Update Form

It is the responsibility of each enrolled Klamath Tribal Member to ensure the Member Benefits Department has current contact information.

Applicant's Information

Office Use Only

- 1. Full Legal Name: _____
Last First Middle Suffix (Sr., Jr., III)
- 2. Other Known Name (eg. Maiden, Indian): _____
- 3. Date of Birth: _____ Social Security Number: _____ Roll #: _____
- 4. Head of Household (oldest living Tribal Member in the home): No Yes
- 5. Inmate Identification # (if applicable): _____ Facility: _____

Old Address Information

- 6. Mailing Address: _____
Street City State Zip

New Address Information

- 7. Mailing Address: _____
Street City State Zip
- 8. Physical Address: _____
(same as mailing) Street City State Zip
- 9. Primary Phone: _____ (is this a mobile phone?) No Yes Call Only Text
- 10. Message Phone: _____ E-Mail Address: _____
- 11. Klamath Tribal Newsletter(s): Postal Mail E-Mail Both None
- 12. Minors affected by this change include:

Minor's Name:	Minor's Date of Birth:	Minor's Name:	Minor's Date of Birth:
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

- 13. If this application is being submitted on behalf of a minor or adult under guardianship, provide the following information for the person submitting this application:
Name: _____ Relationship to Applicant: _____
Mailing Address: _____
Primary Phone: _____

By signing this document, I certify that the information provided is accurate and true to the best of my knowledge.

- 14. Signature: _____ Date: _____
Signed by: Applicant Legal Guardian of Minor* Legal Guardian of Adult*
*Must ensure legal documentation showing guardianship is on file.

Klamath Tribes Member Benefit's Office Use Only	
Date Received: _____	MB Staff Initials: _____ Member's Roll # _____
Date Information Updated: _____	Guardian's Legal Doc. on file: _____