



**The Klamath Tribes
Member Benefits Department**

501 Chiloquin Boulevard
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Klamath Tribal ID Card Application

Klamath Tribal ID cards are available to enrolled Klamath Tribal Members.

Required:

✓	\$2.50 Fee	Cash, Cashier's Check, or Money Order
✓	No Fee	Return current Klamath Tribal ID

Applicant's Information

Office Use Only

- 1. Full Legal Name: _____
Last First Middle Suffix (Sr., Jr., III)
- 2. Other Known Name(s) (eg. Maiden, Indian): _____
- 3. Date of Birth: _____ Social Security Number: _____ Roll #: _____
- 4. Marital Status: Single Married Separated Divorced Widowed
- 5. Gender: Male Female
- 6. Head of Household (oldest living Tribal Member in the home): No Yes
- 7. Height: Feet _____ Inches _____ Weight: _____ lbs. Hair Color: _____ Eye Color: _____
- 8. I am providing: Cash Cashier's Check Money Order Current ID
- 9. Mailing Address: _____
Street City State Zip
- 10. Physical Address: _____
(same as mailing) Street City State Zip
- 11. Primary Phone: _____ (is this a mobile phone?) No Yes Call Only Text
- 12. Message Phone: _____ E-Mail Address: _____
- 13. Klamath Tribal Newsletter(s): Postal Mail E-Mail Both None
- 14. 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.

- 15. **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#: _____
Guardian's Legal Doc. on file: _____		
Received: Current Tribal ID <input type="checkbox"/> Cash <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/>		