



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. Veteran: No ☐ Yes ☐ Military Branch (if applicable): _____
- ☐ 6. Inmate Identification # (if applicable): _____ Facility: _____

Old Address Information

- ☐ 7. Mailing Address: _____
Street City State Zip

New Address Information

- ☐ 8. Mailing Address: _____
Street City State Zip
- ☐ 9. Physical Address: _____
(same as mailing) ☐ Street City State Zip
- ☐ 10. Primary Phone: _____ (is this a mobile phone?) No ☐ Yes ☐
I authorize the Klamath Tribes to send Text Messages to the mobile phone listed above: No ☐ Yes ☐
- ☐ 11. Message Phone: _____ E-Mail Address: _____
- ☐ 12. I authorize the Member Benefits Department to share this form with the Public Relations Department, so I can receive the Klamath Tribal Newsletter(s) No ☐ Yes ☐ by: Postal Mail ☐ E-Mail ☐ Both ☐
- ☐ 13. 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. _____	_____

- ☐ 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: _____
Street City State Zip
Primary Phone: _____ E-Mail Address: _____
- ☐ 15. By signing this document, I certify that the information provided is accurate and true to the best of my knowledge.
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: _____