



**The Klamath Tribes  
Member Benefits Department**

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**Gaming Revenue Application**

Gaming Revenue is available and distributed in equal amounts as annual per capita payments to enrolled Klamath Tribal Members from the excess net gaming revenues.

**Indian Gaming Regulatory Act §2710.3(D), Tribal Gaming Ordinances**

Per capita payments are subject to Federal taxation. Therefore, Gaming Revenue applications must include a copy of the applicants Social Security Card unless the Member Benefits Department confirms one is currently on file.

**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: \_\_\_\_\_
- 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   
I authorize the Klamath Tribes to send Text Messages to the mobile phone listed above: No  Yes
- 10. Message Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
- 11. I am providing a copy of my SSC  Member Benefits confirmed my SSC is on file
- 12. 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: \_\_\_\_\_

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

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

<b>Klamath Tribes Member Benefit's Office Use Only</b>		
Date Received: _____	MB Staff Initials: _____	Member's Roll #: _____
Gaming Eligibility Year: _____	Guardian's Legal Doc. on file: _____	
Minor's Trust: No <input type="checkbox"/> Yes <input type="checkbox"/>		

This document was prepared under the provision of the Revenue Allocation Plan Klamath Tribal Code Title 7 Chapter 50, approved March 11, 2006 by General Council, Revised November 17, 2012.