



**The Klamath Tribes  
Member Benefits Department**

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Chiloquin, OR 97624  
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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. Veteran: No  Yes  Military Branch (if applicable): \_\_\_\_\_
8. Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_
9. I am providing: Current ID  Cash  Cashier's Check  Money Order
10. Mailing Address: \_\_\_\_\_  
Street City State Zip
11. Physical Address: \_\_\_\_\_  
**(same as mailing)**  Street City State Zip
12. 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
13. Message Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
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#: \_\_\_\_\_

Guardian's Legal Doc. on file: \_\_\_\_\_

Received: Current Tribal ID  Cash  Cashier's Check  Money Order