



CHANGE OF ADDRESS OR NAME CHANGE INFORMATION FORM

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIDEN NAME OR FORMER NAMES: _____

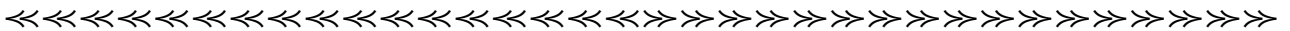
ENROLLMENT NUMBER: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Applicant's Signature: _____ **Date:** _____



Do you speak Ojibwe? _____ Yes _____ No

Are you a farmer or Rancher? _____ Yes _____ No

Are you pursuing any form of higher education? _____ Yes _____ No

Are you a veteran? _____ Yes _____ No

If so, which branch of the military did you serve?

Air Force _____ Army _____ Marines _____ Navy _____ Coast Guard _____

During Tribal Elections would you like to receive campaign information from candidates?

_____ Yes _____ No

Would you like to receive important updates from the Little Shell Tribe sent by text message?

_____ Yes _____ No

Would you like to receive emails from the Little Shell Tribe?

_____ Yes _____ No

Please return completed forms to the address below. You may also submit this form electronically via email to enrollment@lstribe.org