



CHANGE OF ADDRESS OR NAME FORM

The Little Shell Tribe
of Chippewa Indians
of Montana.

Enrollment Office

Email:
l.wilmore@lstribe.org

Phone:
406-315-2400 ext. 103

Fax:
406-315-2401

Address:
615 Central Ave. W.
Great Falls, MT.
59404

FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

MAIDEN NAME OR ALIAS: _____

ENROLLMENT NUMBER: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Would you like to receive campaign information from candidates of tribal elections?

YES ___ NO ___

Do you speak Ojibwe?

YES ___ NO ___

Are you a veteran?

YES ___ NO ___

Are you a farmer or rancher?

YES ___ NO ___

Please send completed forms to:

- Enrollment Office
615 Central Ave. W.
Great Falls, MT. 59404

Or electronically via email @ l.wilmore@lstribe.org or e.flamand@lstribe.org