



CHANGE OF ADDRESS OR NAME FORM

Enrollment
Department

Enrollment Director
Linda Wilmore

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 ___

Are you pursuing any form of higher education?
YES ___ NO ___

Please send completed forms to:

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

Or electronically via email @ enrollment@lstribe.org