



CHANGE OF ADDRESS OR NAME CHANGE FORM

Chairman
Gerald Gray Jr.

1st Vice Chairman
Clarence Sivertsen

2nd Vice Chairwoman
Leona Kienenberger

Secretary/Treasurer
Colleen Hill

Council Members
Donald Davis
Alisa Herodes
Iris KillEagle

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

MAIDEN NAME OR ALIAS: _____

ENROLLMENT NUMBER: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

(INCLUDING MAIDEN NAME)

EMAIL ADDRESS: _____

PHONE NUMBER: _____

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

Do you speak Ojibwa? 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?

AirForce ___ Army ___ Coast Guard ___ Marines ___ Navy ___

During Tribal Elections would you like to receive campaign information from candidates?
YES ___ NO ___

