



**CHANGE OF ADDRESS OR NAME CHANGE FORM**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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 to [enrollment@lstribe.org](mailto:enrollment@lstribe.org)

Do you speak Ojive? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a farmer or Rancher? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you pursuing any form of higher education? \_\_\_\_\_ Yes \_\_\_\_\_ No

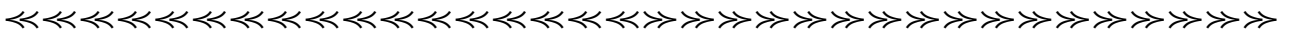
Are you a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 to your email or by text message? YES: \_\_\_\_\_ NO: \_\_\_\_\_

LST

