

PERCAPITA CHECK ADDRESS CHANGE

DEADLINE: 10TH DAY OF THE MONTH

DATE: _____

NAME:

DOB:

MINOR CHILDREN:

OLD ADDRESS:

NEW ADDRESS:

SIGNATURE

MAIL, FAX OR EMAIL YOUR ADDRESS CHANGE TO:

EASTERN SHOSHONE TRIBAL ENROLLMENT * PO BOX 157 FORT WASHAKIE, WY 82514 * PH:
307-332-3908 * FAX: 307-332-9403 * EMAIL: enrollment@easternshoshone.org