

PERCAPITA & TRIBAL BENEFIT CHECK ADDRESS CHANGE

DEADLINE: 10TH DAY OF THE MONTH

DATE: _____

NAME: _____

DOB: _____

MINOR CHILDREN: _____

Wind River Per Capita
(US Treasury Check)

ADDRESS:

LOST OR EXPIRED CHECK

Wind River Per Capita:
(US Treasury Check)
307-349-5515
509-634-2368 FTO Office
509-413-8864 FTO Work Cell
BTFA (Bureau of Trust Funds
Admin)

Indian Tribal Benefit
(Check from Eastern
Shoshone Tribe)

ADDRESS:

LOST OR EXPIRED CHECK

Indian Tribal Benefit:
(Check from Eastern
Shoshone Tribe)
307-332-3908
SHOSHONE ENROLLMENT

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