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:
___________________________________________________________________

Indian Tribal Benefit
(Check from Eastern Shoshone Tribe)
ADDRESS:
___________________________________________________________________

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

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)

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

SIGNATURE