CTGR MEMBER SERVICES
CHANGE OF ADDRESS FORM

THIS IS TO CONFIRM THAT MY NEW MAILING ADDRESS/INFORMATION ARE AS FOLLOWS:

Name: _____
First Middle Last Maiden

_____ _____
Tribal Roll # Date of Birth

Address: _____
Mailing Address City State Zip

Contact Info: _____
Telephone # Cell # E-mail address

Name of Tribal Member Children in Household: (List name and Date of Birth)

	Child's Name	Date of Birth	Roll #
1.			
2.			
3.			
4.			
5.			
6.			

Other Adult Tribal Members in Household: (Will require signature of each adult)

	Adult's Name	Date of Birth	Roll #
1.			
2.			

_____ _____
Signature *Date*

_____ _____
Signature *Date*

_____ _____
Signature *Date*

Return to: ***Confederated Tribes of Grand Ronde***
Attn: Member Services
9615 Grand Ronde Rd.
Grand Ronde, OR 97347
Fax: 503-879-2480