The Confederated Tribes of the Grand Ronde Community of Oregon

Election Board
Phone (503) 879-2271 or 1-(800) 422-0232
Fax (503) 879-4538

Voter Signature Verification Form

In order to vote in any Tribal Election you must have a Signature Verification Form on file with the Tribe's Election Board. The signature on this form shall be used for signature verification purposes.

Signature Verification Forms must be submitted with a current signature. If your name or signature changes for any reason (including marriage, divorce, legal name change, illness, or accident) you must submit a new Signature Verification Form.

☐ I have read and understand, or someone has explained, the information above.

(Initial)

I, (Please Print) ____________________________, Roll Number _______, am a duly enrolled member of the Confederated Tribes of the Grand Ronde Community of Oregon and will be at least 18 years old on the date of the Tribal Election.

Tribal Member Signature: ____________________________ Date: __________

Tribal Member Address: ____________________________________________

City, State & Zip code: ____________________________________________

This form must be verified either by (1) the seal and signature of a notary public (use space below), OR (2) attaching a legible copy of one of the following forms of identification: a valid Tribal Identification Card, Drivers License, state issued Identification Card, or passport, provided that such identification bears your signature.

Subscribed and sworn to before me this ___ day of ____________, 20___

Notary Public ________________________________________

County State

My Commission Expires: ________________________________

SEAL

In order to facilitate a means of communication between the Candidates and the Voters, your name, and city and state only will be provided to all Candidates, and your name and complete address will be provided to a mailing service selected by the Tribe through which the Candidates may send campaign material, unless you check the box below.

☐ No. I do not wish my name, city and state to be provided to Candidates, or my name and complete address to be provided to a mailing service selected by the Tribe.

Umpqua Molalla Rogue River Kalapuya Chasta