
MEMBER BENEFIT WITHDRAWAL FORM

1} Member Tribal Roll Number: _____

2} Name:

Please Print

3} Current Address:

Street/PO Box

City, State, Zip Code

() _____

Phone Number

4} Date of Birth: _____ **Last 4 #s of SSN#** _____

5} Amount Requested: _____

6} Signature: _____ Date:

(Required)

PLEASE NOTE:

Requests for withdrawals must be received by the 10th of the month for approval in order to be mailed a payment **after the 20th of the month. Withdraw forms may be emailed to liz.leno@grandronde.org or mailed to the Tribal Offices. Under **NO** conditions will checks be picked up at the Tribal Offices. They will be mailed to the address on this form.**

RETURN TO:

CONFEDERATED TRIBES OF GRAND RONDE
MEMBERS BENEFIT PROGRAM
9615 GRAND RONDE RD
GRAND RONDE OR 97347