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

PO Box 99 Grand Ronde, OR 97347

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.

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

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, <u>unless</u> 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