



# Walker River Paiute Tribe

1022 Hospital Road • P.O. Box 220 • Schurz, Nevada 89427

Telephone: (775) 773-2306

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## ENROLLED MEMBER ADDRESS UPDATE FORM

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### SECTION 1: MEMBER INFORMATION

ROLL #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

PHYSICAL ADDRESS: \_\_\_\_\_  
STREET APT. # CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
STREET/PO BOX APT.# CITY STATE ZIP CODE

TELEPHONE:( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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### SECTION 2: MEMBER SIGNATURE

I, THE UNDERSIGNED, DECLARE THAT ALL THE INFORMATION BELOW IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Check this box if the person signing above is the assigned Power of Attorney (POA) or Guardian of the enrolled member.

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### SECTION 3: ENROLLED MINOR CHILDREN INFORMATION

Please list your enrolled minor (under age 18) children's information so we can update their address.

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LAST NAME FIRST NAME MIDDLE BIRTHDATE ROLL#

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