



Clear Form

Print Form

## Membership Distribution Request for Monthly Distribution Letter

**ATTACH COPY OF TRIBAL IDENTIFICATION OF MEMBERS**

Adult Name: \_\_\_\_\_ Tribal # \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Which Distribution do you receive monthly?

- General Welfare   
  Elder Support   
  Disability

### Adult & Children Included on Distribution Letter:

Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Name: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### HOW WILL YOU RECEIVE THEM?

Choose One:

Pick Up: \_\_\_\_\_

Email To: \_\_\_\_\_

Fax To: \_\_\_\_\_

Mail To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*NO ELECTRONIC SIGNATURES WILL BE ACCEPTED**

**NO POWER OF ATTORNEY WILL BE ACCEPTED.**

*Please allow 72 hours for income verification to be completed.*

Questions?

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