



Clear Form

Print Form

Membership Distribution Request for Distribution Statement/Ledger

ATTACH COPY OF TRIBAL IDENTIFICATION OF MEMBERS

Adult Name: _____ Tribal # _____ Date: _____

Address: _____

Phone: _____ Email: _____

I am aware this request is for a period of time which will include all distributions including Per Capita, General Welfare, Elder Disability Support, Disability Support, Elder Senior Stipend, Special Bonus Per Capita, Special Bonus General Welfare, COVID-19 Assistance, etc.

Month/Year _____ to Month/Year _____

Adult & Children Included on Distribution Letter:

Name: _____ Tribal ID #: _____ Date of Birth: _____

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HOW WILL YOU RECEIVE THEM?

Choose One:

Pick Up: _____

Email To: _____

Fax To: _____

Mail To: _____

Signature: _____ Date: _____

NO POWER OF ATTORNEY WILL BE ACCEPTED.

Please allow 72 hours for income verification to be completed.

Questions?

Phone: 360-716-4364 | Email: membershipdistribution@tulaliptribes-nsn.gov | Fax: 360-716-0304