



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: _____

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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 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