



Clear Form

Print Form

Membership Distribution Request for Distribution Letter

Adult Name: _____ Tribal ID: _____ DOB: _____

Phone: _____ Email: _____

Choose One:

General Welfare Elder Support Programs Disability Senior Special Per Capita

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: _____

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

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

DO YOU WANT DISTRIBUTIONS/STATEMENTS BY MONTH?

Month/Year: _____ To Month & Year: _____

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 48 hours for income verification to be completed.

Questions?

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