Membership Distribution
Request for Monthly Distribution

Adult Name:_____ Tribal ID #:_____ DOB:_____

Adult Name:_____ Tribal ID #:_____ DOB:_____

MONTHLY DISTRIBUTIONS HISTORY

Years Needed:

2021   2020   Other (List year:)_____

List Month(s) Needed:_____

LETTER

Choose One:

General Welfare   Elder Support Programs   Disability   Senior   Special Per Capita

Children Included on Verification:

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:_____

Choose One:

○ Pick Up:_____ Contact #:_____

○ 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