REQUEST FOR TRIBAL MEMBERSHIP CARD

Name: _____

Address: _____
P.O. Box # City Zip Code
Street Address_____

Phone number: _____ Cell:_____

Tribal Roll Number: _____

Social Security No: _____/____/_____

Date of Birth: _____

Sex: M / F Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Today's date: _____

I declare under penalty of perjury that I am a Hoopa Tribal Member and the above information is true and correct.

I understand that the I.D. that I receive will be presented to me free of charge as one of the benefits of being on the Hoopa Tribal Roll. However, for every duplicate that I receive I will be charged a fee of $10.00.

Signed: _____
(if under 18 parent or guardian)