

Address Update Instructions

It is the tribal member's responsibility to keep their address and the address of their enrolled minor child(ren) updated. This form must be completed, signed, and returned before any changes will be implemented.

Section 1: Member Information

- Enter your street address.
- Enter your mailing address, if applicable.
- Enter your telephone, and e-mail if applicable.
- **Tribal Mailings** - Check this box to receive tribal mailings such as meeting and event notices. Please note: mandatory mailings, e.g. annual payment form, will be sent if left unchecked.
- **Kalihwisaks Newspaper** - Check this box to receive the newspaper. Current & past issues are available at: www.kalihwisaks.com
- **Member Website Access** - Check this box for access to the tribe's secure website.

Section 2: Member Signature

- **Acceptable Signatures:**
 - Tribal member listed on form.
 - Power of Attorney (POA) or court assigned Guardian. Acceptable documentation must be on file with the Enrollment Department. **Please contact us with any questions.**
 - A parent of a minor child.

Section 3: Enrolled Minor Children Information

- Complete this section to update the address of your enrolled minor child(ren), in order to receive important information regarding their file, e.g. Minor Trust Account Statements.

Incomplete forms may result in missed mailings.

Submit your completed form to the Enrollment Department:

- Mail: PO Box 365
Oneida, WI 54155-0365
- E-mail: Enrollments@oneidanation.org (scanned forms)
- Fax: (920) 869-2995

Any questions, please call: (920) 869-6200 or 1-800-571-9902

Address Updates are also available online at: www.oneidanation.org/enrollment



Oneida Tribe of Indians of Wisconsin

ENROLLMENT DEPARTMENT

P.O. BOX 365, ONEIDA, WI 54155-0365

PHONE: (920) 869-6200 * 1-800-571-9902 FAX: (920) 869-2995

www.oneidationation.org/enrollment



Address Update

Section 1: Member Information

Roll Number: _____ Birth Date: _____

Member Name: _____
Last First Middle Maiden

Street Address: _____
Street Apt # City State Zip

Mailing Address: (Complete if different from above)

Street or PO Box Apt # City State Zip

Telephone: () - E-Mail: _____

*** I authorize the Enrollment Department to release my information for the following:**

- Tribal Mailings
- Kalihwi-Saks Newspaper
- Member Website Access

Section 2: Member Signature

I, the undersigned, under penalty of perjury, depose and say that all the information listed on this form is true and correct.

Signature: _____ Date: _____

Section 3: Enrolled Minor Children Information

Please complete the information listed below for your enrolled child(ren) under age 18.

Name	Birth Date	or	Roll #
_____	_____	or	_____
_____	_____	or	_____
_____	_____	or	_____
_____	_____	or	_____

This form does NOT update the address for your per capita check