

# ***Address Update Instructions***

It is your responsibility to keep your address and the address of your enrolled minor child(ren) updated. This form must be completed, signed, and returned before any changes will go into effect.

## **Section 1: Member Information**

- Enter your street address (required).
- Enter your mailing address, if different from street address.
- Enter your phone number and e-mail.
- GTC Meeting Information – Check this box to receive GTC Meeting notices and materials.
- Tribal Mailings – Check this box to receive tribal mailings for community event/activity notices.
- Kalihwisaks – Check this box to receive the tribal newspaper.

### **Please Note:**

- o Most mailings are only mailed to one tribal member in a household.
- o **Required Mailings** (e.g. Payment Forms) will be mailed to every eligible member with an address on file, regardless of your selections on this form.
- o GTC meeting information, Kalihwisaks articles, and other Oneida Nation information can be found on the website - <https://oneida-nsn.gov/>.

## **Section 2: Member Signature**

- Acceptable Signatures
  - o Tribal member listed on form.
  - o Guardian, conservator, or power of attorney. For a person filling out the form as a guardian/conservator/power of attorney, up to date and legally acceptable documentation related to the guardianship/conservatorship/power of attorney must be on file with the Trust Enrollment Department.
  - o A parent, legal custodian, or guardian of a minor child. For a person filling out the form as a legal custodian or guardian of a minor child, please provide documentation to the Trust Enrollment Department showing that you have been appointed as legal custodian or guardian.

## **Section 3: Enrolled Minor Children**

- Complete this section to update the address of your ENROLLED MINOR CHILD(REN). This information is used to mail important information affecting their membership (e.g. Minors Trust Account Statements).

**Incomplete forms may result in missed mailings**

**Submit your completed form to the Trust Enrollment Department:**

- Mail: PO Box 365  
Oneida WI 54155-0365

- Email: Trust [Enrollments@oneidanation.org](mailto:TrustEnrollments@oneidanation.org)

- Fax: (920) 869-2995

- Online: <https://oneida-nsn.gov/resources/enrollments/>

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

**Trust Enrollment Department**

PO Box 365, Oneida WI 54155  
(920) 869-6200 \* 1-800-571-9902  
Fax: (920) 869-2995

[TrustEnrollments@oneidanation.org](mailto:TrustEnrollments@oneidanation.org)  
<https://oneida-nsn.gov/resources/enrollments/>



## Address Update

### SECTION 1: TRIBAL MEMBER INFORMATION

Roll Number:  Birth Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
REQUIRED STREET APT CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
COMPLETE IF DIFFERENT FROM STREET ADDRESS STREET OR PO BOX APT CITY STATE ZIP

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

- GTC Meeting Information     Tribal Mailings     Kalihwisaks Newspaper

### SECTION 2: TRIBAL MEMBER SIGNATURE

I, the undersigned do hereby certify under penalty of perjury, that the information listed on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3: ENROLLED MINOR CHILDREN (Under Age 18)

Name	Birth Date	or	Roll Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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