## **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 phone number and e-mail. (Selecting a box will provide Internal Oneida entities to send notices for events,
   activities or job opportunities)
- Check Address- Check this box to keep your address up to date for payments.
- 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:**

- Most mailings are only mailed to one tribal member in a household.
- o GTC meeting information, Kalihwisaks articles, and other Oneida Nation information can be found on the website <a href="https://oneida-nsn.gov/">https://oneida-nsn.gov/</a>.

## **Section 2: Member Signature**

- Acceptable Signatures
  - Tribal member listed on form.
  - 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.
  - 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
 - Email: trustenrollments@oneidanation.org

Oneida WI 54155-0365

- Fax: (920) 869-2995 - Online: <a href="https://oneida-nsn.gov/resources/enrollments/">https://oneida-nsn.gov/resources/enrollments/</a>

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



# **Address Update**

SECTION 1: TRIBAL MEMBER INFORM	MATION				
Roll Number:		Birth Date:			
First Name:	MI:	Last Na	ıme:		
		NPT CITY			
REQUIRED STREET			61 11	STATE	ZIP
Required Mailings (e.g. Payment Forms) will be					
*I authorize the Trust Enro	Ilment Departme  Text Notices	ent to release my inf Email Notices		the follo	owing:
	- reat Notices				
Phone #:		Email:			
*I authorize the Trust Enro	llment Departme	ent to update my inf	formation for	the follo	owing:
☐ Check Address ☐ GTC Meeti	ng Information   Tribal N		ngs [	☐ Kalihwisaks Newspaper	
☐ Address Change for Check Only:					
Address change for check only.	STREET				APT#
	CITY		STATE		ZIP
SECTION 2: TRIBAL MEMBER SIGNAT	<u>rure</u>				
I, the undersigned do hereby certify under	penalty of perjur	y, that the informatio	on listed on th	is form is	true and correct.
Signature: Date:					
SECTION 3: ENROLLED MINOR CHILD	REN (Under Ag	<u>e 18)</u>			
Name		Birth Da	te	or	Roll Number