



SHINGLE SPRINGS BAND OF MIWOK INDIANS

Shingle Springs Rancheria, (Verona) Tract, California
5281 Honpie Road, Placerville CA 95667
P.O. Box 1340, Shingle Springs CA 95682
(530) 387-8011 office; (530) 387-8105 fax

ANNUAL CHANGE OF INFORMATION FORM

This form must be filled out annually and returned to the Tribes Enrollment Department by January 20th of each calendar year.

Failure to turn in this form annually will result in forfeiture of per capita payments until this form is received (See Section 2.6, SSBMI Per Capita Payment Policy.)

SECTION 1. PERSONAL INFORMATION

Name: _____ <i>(First) (Middle) (Last) (Suffix)</i>
Member Roll Number: _____
Date of Birth: _____ <i>(Month) (Day) (Year)</i>
Custody Status: () Self () Parent () Guardian () Other: _____ <i>(Describe if Other)</i>
List all Tribal Member children associated with this address: _____ _____ _____

SECTION 2. CONTACT INFORMATION

Address: _____ <i>(Street Address and Apartment Number) (City) (State) (Zip Code) (County)</i>
Telephone: _____ <i>(Home) (Work) (Cell)</i>
Email: _____
<input type="checkbox"/> I would like to receive my Newsletter electronically or <input type="checkbox"/> I would like to continue to receive a hard copy of the Newsletter

SECTION 3. ACKNOWLEDGEMENT

I, _____, certify that to the best of my knowledge the above information is true and correct.
Signature: _____ Date: _____

SECTION 4. OFFICE USE

Name of Person who Received Change : _____ Date: _____
Name of Person Entering Change into Database: _____ Date: _____