



Chitimacha Tribe of Louisiana TRIBAL MEMBER FORM



Full Name: _____
Last First Full Middle

Physical Address: _____
Street Address Apartment/ Unit #

City State Zip

Mailing Address: _____
Mailing Address Apartment/ Unit #

City State Zip

Parish/County: _____ Living on Reservation: Yes No

Gender: Male Female Date of Birth: ____/____/____
mm dd yyyy



Please list your dependents under the age of 18, of which, reside in your household:

Full Name: _____

Full Name: _____

Full Name: _____

Full Name: _____

Full Name: _____



Home Phone #: _____ Mobile Phone #: _____

Mobile Phone Provider: AT&T Sprint Verizon Other: _____

E-Mail Address: _____

Please select the method of communication you prefer: E-Mail Text Both

Please select the department you want to receive communication from:

Health Recreation Tribal Employee Yaamahana School RiverCane

Scholarship/Enrollment Cultural

Signature

Date