



# Chitimacha Tribe of Louisiana TRIBAL MEMBER FORM

Full Name: \_\_\_\_\_  
First Full Middle Last Maiden (Other Name)

Mailing Address: \_\_\_\_\_  
Street Address Apartment/ Unit #  
\_\_\_\_\_  
City State Zip

Physical 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

Please provide a copy of your social security card and marriage license  
or social security card divorce decree for NAME changes.

Updated 05/14/2019