NATIVE VILLAGE OF MEKORYUK

Tribal Council P.O. Box 66 • Mekoryuk, Alaska 99630 (907) 827-8828 • Fax: (907) 827-8133

TRIBAL ENROLLMENT NAME AND CONTACT INFORMATION UPDATE

Tribal Members Fu	ll Name:			
Other name's used:				
Social Security Number:			Date of Birth:	
Reason for Upo	date: (Please check a	ll that apply)	<u>.</u>	
	Name ChangeOther			Divorce
Please provide	copies of the necessa	ary legal doc	umentation su	apporting your request.
Mailing Address:				
	Address Line 1			
	Address Line 2	5 A 1		
	City,	State	-21	Zip code
Home Phone:			Message: _	
Email Address:				
Signature of Tribal Member			Da	ite
Printed name of Tri	bal Member	+		
Signature of Tribal Enrollment Officer			Da	ite
Mail Completed and	d Signed Form to Ad	dress above		
	nd Signed Form to: n		nekoryuktc.or	g

PAST PRESIDENTS