



Confederated Tribes of the Chehalis Reservation

TRIBAL MEMBER MAILING ADDRESS UPDATE

First Name _____

Last Name _____

Old Address _____

City/State/Zip _____

New Address _____

City/State/Zip _____

Tribal # _____ Phone # _____

Email _____

Signature _____

OFFICE USE ONLY:

Mark each department to indicate they were notified of the Tribal Member's address change and file once completed

Date Sent: _____

- Accounting – Eletta Quiboloy and Skylar Bracero
- Business Committee – Sharon Hall
- Court – MerryBeth Hofstetter
- Enrollment – Chris Ortivez
- Newsletter – Edmund Myer
- Wellness Center – Debra Shortman

Employee Name _____ Employee Signature _____