

For Office Use Only

V. R. ID# _____

VOTER REGISTRATION APPLICATION

NAME: _____ SS# _____
(Last, First, MI)

MAILING ADDRESS: _____

DATE OF BIRTH: _____

In accordance with Section 9, VOTERS 9.4 (2) VOTER MUST BE AT LEAST 18 YEARS OF AGE ON THE DATE OF THE ELECTION IN WHICH HE/SHE WISHES TO CAST A VOTE.

ENROLLMENT # _____ (if you are not an enrolled member, please see below)

SIGNATURE: _____ DATE: _____

****REQUIRED: TWO (2) FORMS OF ID (copies)****

In accordance with Section 9, VOTERS 9.7 (4) TWO FORMS OF IDENTIFICATION. The two forms of identification must be one of 1) government or school issued photo identification (e.g. driver's license, military identification, or school identification; 2) CDIB card; 3) Tribal Enrollment Card.

****NOTICE: REGISTRATION CARD WILL BE MAILED, RECIPIENT WILL THEN SIGN CARD****

NON ENROLLED MEMBERS (Please fill out the following)

DESCENDANT NAME: _____

DESCENDANT RELATION: _____

NAME OF ROLL: _____

NUMBER ON ROLL: _____

OFFICE USE ONLY (VERIFICATION)

ENROLLMENT COMMITTEE: _____
(Signature)

ELECTION COMMITTEE: _____
(Signature)

SEAL