

Lower Elwha Enrollment  
Official Address Change Form



Member's Full Name \_\_\_\_\_

I authorize the Lower Elwha Enrollment Department to update my mailing address & phone number on my enrollment records for the Lower Elwha Klallam Tribe to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Member's Signature