Voter Registration Form

Please Print Clearly

To Register: All items must be complete to register to vote.

Name: ____________________________________________
        (First Name, Middle Name, Last Name)

Maiden Name or AKA: ________________________________
Date of Birth: __________________ Enrollment Number: __________
Address: ________________________________________
          ________________________________________
          ________________________________________
Phone: __________________________________________

I, ________________________________________________
        (Print Name Clearly)

Hereby certify that I am a member of the Lower Elwha Klallam Tribe and that I am
• At least 18 yrs of age; or will be by the General Election or Chair Election.
   (Age will be verified for each election)

_____________________________  ______________________
(Signature)                      (Date)

This form, upon completion and return to the Election Committee, shall be the basis to
determine whether you qualify to have your name placed upon the list of registered voters
and to receive a ballot for both the General Election and Chair Election.