



# Pawnee Nation of Oklahoma

**Enrollment Department**  
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## CHANGE OF ADDRESS AUTHORIZATION

- Date, Name, Date of Birth and Signature are required for address changes
- **PLEASE DO NOT FORGET TO SIGN THIS STATEMENT LOCATED AT THE BOTTOM OF THE PAGE**  
**Members 18 years and older must sign this form**

\*Date: \_\_\_\_\_

Roll #: \_\_\_\_\_

\*Name: \_\_\_\_\_

Telephone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Current address:

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

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Newsletter Confirmation

\_\_\_\_\_ Yes I would like to receive the Chaticks si Chaticks, a quarterly publication.  
(For enrolled members over the age of eighteen only and one per household)

### Update **enrolled** children under 18

\_\_\_\_\_ Please update the same address for the following individuals under the age of 18:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Previous (old) mailing address:

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

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Member or Parent/Guardian

\_\_\_\_\_  
Printed Name of Signature

\* Use additional sheet for more children \*