

Tunica-Biloxi Tribe of Louisiana

Member Beneficiary Form

Member Name: _____

Member Enrollment Number: _____

1st Beneficiary: _____

1st Beneficiary Address: _____

1st Beneficiary Phone Number: _____

2nd Beneficiary: _____

2nd Beneficiary Address: _____

2nd Beneficiary Phone Number: _____

Signature: _____

Please return this form

Enrollment Department

Attn: Beverly Rachal

Enrollment@tunica.org, or

Fax to: 318-300-4341

Or mail to:

Enrollment Department

c/o Beverly Rachal

Tunica-Biloxi Tribe of Louisiana

P. O. Box 1589

Marksville, LA 71351

CHERISHING OUR PAST, BUILDING FOR OUR FUTURE

P.O. BOX 1589, Marksville, LA 71351 (318) 240-6409

Fax (318) 300-4341