



Prairie Band Potawatomi Nation

Member Services:

Burial Assistance, Election, Enrollment, Tribal VSP

16281 Q Road

Mayetta, KS 66509

Phone (785) 966-3910 ♦ Toll Free (866) 277-3722

Fax (785) 966-3950 ♦ [group-memberservices@pbpnation.org](mailto:group-memberservices@pbpnation.org)

**Change of Address**

**Note:** *One member per form. Each adult member must complete their own form, unless legal documents are on file naming a legal guardian, conservator or power of attorney. Minors must have their own form and be signed by a parent/guardian. Member Services needs to be notified each time your address changes as we are the department that holds your official address if the Nation needs to get ahold of you. **This form is not valid unless signed below.***

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Suffix: \_\_\_\_\_ **\*do not use legally changed last name until supporting documents have been received by our office.**

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

Homeless: I will contact Member Services once an address is obtained.

**\*To ensure that we have the correct address, do not abbreviate, spell your address out.**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**\*If mailing address is a PO box list your physical address for census purposes.**

Same as mailing. Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current email address: \_\_\_\_\_

Current (circle one) Home or Message Phone #: \_\_\_\_\_

Current Cell Phone #: \_\_\_\_\_

Current Work Phone #: \_\_\_\_\_

Signature of Tribal Member **\*sign in the middle of the box\***

\_\_\_\_\_ Date