



TE-MOAK TRIBE OF WESTERN SHOSHONE

825 Railroad Street • Elko, Nevada 89801

BAND AFFILIATION CHANGE FORM

I, _____ am requesting that my name be re-assigned to the: (Check only one Band Area)

- Battle Mountain Band
- Elko Band
- South Fork Band
- Wells Band

Please notify the Band Council offices as soon as possible of my Band change. Thank you.

_____ Date

_____ Signature

_____ Mailing Address

_____ City State Zip Code

STATE OF _____)

COUNTY OF _____)

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____.

SEAL

_____ Signature of Notary Public

REMINDER? Please keep the Enrollment Office informed of any Address or Name Change.