

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

District Change: \_\_\_\_\_

Other: \_\_\_\_\_

**SHOSHONE-BANNOCK TRIBES  
VOTER REGISTRATION FORM**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PLACE/ROAD THAT YOU RESIDE: \_\_\_\_\_

RESIDING IN \_\_\_\_\_ VOTING DISTRICT OF THE  
FORT HALL INDIAN RESERVATION.

I, \_\_\_\_\_, hereby certify that this is my Legal name  
(according to Tribal Enrollment Records), and that I am a member of the Shoshone-  
Bannock tribes and at least 21 years of age on the election date, and have maintained  
legal residence for at least one-year (1) immediately preceding the date of the election  
on the Fort Hall Indian Reservation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completion and return of this registration form is necessary if you desire to become  
qualified to vote in the forthcoming Tribal election, as required by the Tribal  
Constitution, Article 4, Section IV, and Election Act, Section 701.

**IF YOU DO NOT COMPLETE AND RETURN THIS FORM YOU ARE NOT  
ELIGIBLE TO VOTE.**

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**Approved:** \_\_\_\_\_

\_\_\_\_\_  
Chairperson, Tribal Election Board

**Disapproved:** \_\_\_\_\_

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