



SHOSHONE BANNOCK TRIBES VOTER REGISTRATION FORM

NAME: _____ ENROLLMENT # _____

MAILING ADDRESS: _____ ZIP CODE: _____

PHYSICAL ADDRESS: _____

PHONE # _____

DISTRICT:

BANNOCK CREEK _____ FORT HALL _____ GIBSON _____ ROSS FORK _____ LINCOLN CREEK _____

I, _____ hereby certify this is my legal name (according to Tribal Enrollment record), and I am a member of the Shoshone Bannock Tribes, 21 years of age on Election Date, and have maintained legal residence for at least one year.

NEW VOTER _____ DISTRICT CHANGE _____ OTHER _____

SIGNATURE

DATE

OFFICIAL USE ONLY

APPROVED: _____

DENIED: _____

REASON FOR DENIAL: _____

CHAIRPERSON, TRIBAL ELECTION BOARD

DATE