

TRIBAL MEMBER RE-CERTIFICATION FORM

PLEASE COMPLETE ALL HIGHLIGHTED SECTIONS, FAILURE TO COMPLETE THEM COULD DELAY YOUR RE-CERTIFICATION

Scanned:	
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WH CAR							Fee:		
1. Please Print your Full N	Name on l	ine below:				Enrollment #:			
						Chart #:			
First Name Middle		La	ast Name	Mai	den Name	on the second	_		
2. Mailing Address on line	e below:								
Address City			Stat	e Zip	County				
3. Street Address (if different from above) on line below:									
Address		C	ity	Stat	e Zip	County			
4. Gender:	5. Head	5. Head of Household: 6. Veteran:			7. Marital Status:				
☐ Male ☐ Female	□ Y		☐ Ye		☐ Single	\square Married \square 1	Divorced		
8. Date of Birth:		9. Social Security Number:			☐ Widowed	lowed Separated Domestic Partner			
10. County/State of Birth:		11. Phone Num	<mark>ibers:</mark>		I				
		Home:	()	Cell/Other:	()			
12. Identifying Race/Cultu	ıre:								
African American	☐ Ala	ıskan Native	☐ Ame	rican Indian	☐ Asian ☐ ☐	Hispanic	tive Hawaiian		
☐ White		ner (Please Specify	<i>i</i>):			-			
13. Email Address (Used f					Voting District	OFFI	CE USE ONLY		
				District #:	8	STAFF INI			
14. Name of Spouse(s): Bo	eginning	with current spot	ise, answe		elow.		<u> </u>		
Current Spouse's Name:		•	,	•	Is Your Spe	ouse Lumbee?	Yes No		
Marriage Date:		County/State of N	// Aarriage:		Spouse's D	ate of Birth:			
Previous Spouse's Name:					Is Your Spo	Is Your Spouse Lumbee? Yes No			
Marriage Date: County/State of Marriage: Spouse's Date of Birth:									
15. Child(ren): Please list	all name		_		<mark>ır household.</mark>				
Adopted Name	of Child	<u>Dat</u> Bir		County/ State of Birth	Social Security #	Other Parent	If Enrolled, Enrollment #		
YES /									
NO YES /									
NO NEG /									
YES / NO									
YES / NO									
	INITE A CIT		CEDETE	/ M/S /ODE 10 A STO	CHII DDEN 1975-	THE ACE CE 10			
I affirm that I, and minor ch					CHILDREN UNDER understand that any		umbee Tribal Re-		
certification Form may result									
signature on the line below.									
Applicant Signature						Date			
Enrollment Representative									
OUT OF TRIBAL TERRITORY VOTING DISTRICT DESIGNATION (Transferred from Page 2)				FOR OFFICE USE ONLY					
I live outside of the tribal territory and have been advised that my voting selection is a permanent designation, unless I move within the tribal territory. At that point, it will change to my residing precinct.				Archived:	By:				
DISTRICT #:	INTIAL HERE								

OUT OF TRIBAL TERRITORY VOTING DISTRICT DESIGNATION

As a member of the Lumbee Tribe, you are entitled to vote in tribal elections (adults 18+). If you live outside the tribal territory (Robeson, Scotland, Hoke, and Cumberland Counties) in NC, you must declare a voting district inside of the tribal territory to vote in tribal elections. The district you select is a permanent designation and should include the community where you or your ancestors grew up, or the community you consider "home" inside the territory. Select one district and one precinct from the list below with an X. If you are not sure of the district that you should select, please let a staff person know. **District 1:** \square *Gaddy* ☐ Rowland ☐ Orrum ☐ Sterlings ☐ Whitehouse ☐ Thompson **District 2:** □ Back Swamp ☐ Fairmont \square Smyrna **District 3:** □ *Lumberton* ☐ West Howellsville **District 4:** □ *Red Springs* ☐ Philadelphus **District 5:** \square *Oxendine* **District 6:** □ *Raft Swamp* ☐ North Pembroke □ Prospect **District 7:** \square *South Pembroke* \square Union **District 8:** □ *Burnt Swamp* **District 9:** □ *Saddletree* **District 10:** □ *Shannon* □ Rennert ☐ South St. Pauls **District 12:** □ Scotland County **District 11:** □ Hoke County \square *Maxton* \square Alfordsville **District 13:** □ Cumberland County ☐ Parkton ☐ *Lumber Bridge* □ North St. Pauls **District 14:** \square *East Howellsville* ☐ Wisharts □ Britts I live outside of the tribal territory and have been advised that my voting selection is a permanent designation, unless I move within the tribal territory. At that point, it will change to my residing precinct.

DECEASED MEMBERS

INITIAL HERE

If you have a deceased spouse, parent(s), child(ren), brother(s), sister(s), grandparent(s), or grandchild(ren) that you think may be enrolled that has passed away recently, please list below:	e

Additional Comments or Information, Please Provide below.

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