



Craig Tribal Association

P.O. Box 828

Craig, AK 99921

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Craig Tribal Association  
Tribal Enrollment

**UPDATE FORM**

**PLEASE PRINT LEGIBLY**

Full Legal Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST NAME)

Date of Birth(MMDDYYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**MAILING ADDRESS**

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

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

**PHYSICAL ADDRESS**

Current Physical Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_