THE SENECA NATION OF INDIANS



12837 Route 438 Cattaraugus Territory Seneca Nation Irving, NY 14081 Phone (716) 532-4900 Fax (716) 532-9132

Date Entered into Database: _____

90 Ohi:yo' Way, PO Box 231 Allegany Territory Seneca Nation Salamanca, NY 14779 Phone (716) 945-1790 Fax (716) 945-0150

Registration Year:

ANNUAL ADULT REGISTRATION

Seneca Nation members must satisfy the Registration requirement, pursuant to Nation law, each calendar year. Beginning in 2013, this requirement must be satisfied **in-person** at least once every two calendar years, and mail-in registrations in the alternate years must: 1.) Have an original signature, and 2.) Must be notarized.

ıblic.	First Name:	M.I	Last Name:			
ary pu	Maiden/Suffix:		Enrollment #:			
a nota	Clan: Date of Birth:		Home Phone:			
nt of	Cell Phone:		Email:			
in fro	Mailing Address:		Physical Addres	<u>s:</u>		
ou are		_				
ntil vo						
sign u	(If you have moved to a different address, this form does not constitute as an address change.)					
o not	Territory of Residence: Allegany Ca	attaraugus	Off-Territory	Veteran:	Yes	No
MAIL-IN REGISTRATIONS: Do not sign until vou are in front of a notary public.	I, do hereby, declare that I am an enrolled member of the Seneca Nation; that the information I have provided above is true and accurate. I, understand that I must register with the Seneca Nation on a yearly calendar basis prior to the last business day of December and that I must register in-person once every two years, with a mail-in registration acceptable in the alternate years.					
TRA	Signature: (Signature must be notarized for mail		Date:			
EGIS	(Signature must be notarized for mai	il-in registratio	on)			
-IN R						
MAII						
	<i>Clerk's Office Use Only:</i> Address Confirmed Facility: SAAB WSB Buffalo Office					y Mail
	Comments:		Staff Initials: _	Date	e:	

Initials: