

Red Cliff Band Of Lake Superior Chippewas

“The Hub Of The Chippewa Nation”



RED CLIFF TRIBAL COUNCIL
ENROLLMENT UPDATE FORM

Name: _____
 First Middle Last Maiden (if applicable)

DOB: _____ Phone #: _____

Mailing Address: _____

Physical Address: _____
 (If different from Mailing Address)

_____ City State Zip Code

Please list all Red Cliff tribal members (children & adults) **residing at the address listed above:**

NAME (First, Middle Last) _____ DOB: _____

 Signature

 Date