



Taku River Tlingit First Nation

REVISION TO MEMBERSHIP LIST

AUTHORIZATION

I hereby authorize the Enrollment Officer to amend the Membership List by removing/changing the name of the following names:

Name: _____

Address: _____

Remove Name change

Comment/Reason: _____

Request made by: _____

(name, date and contact information)

Please note: in the case of removal, you must be a relation to the person you want removed.

Signature _____

Received by Enrollment Officer:

Date _____

Signature _____