

Pyramid Lake Paiute Tribe of Nevada Pyramid Lake Tribal Enrollment Office PO Box 256, Nixon, NV 89424

EXPIRATION DATE ID CARD 18 AND OVER REQUEST FORM

SECTION 1:	MFM	BER INFORMATION)N				
	BIRTH DATE:				Telephone: (<u>)</u> -		
(PLEASE PRINT) Member Name:					-		
Physical	LAST		FIRST		MIDDLE	MAIDEN (IF ANY)	
Residence:	Street		Apt. #	City	State	Zip Code	
Mailing Address			-	City	State	Zip Code	
Mannig Address	·			City	State	Zip Code	
Email Address:				(Optional)			
SECTION 2.	MFM	BER ID DATA					
Please update y	your info	ormation or indicate "	'No changes.''				
	Change			Waight			
Height: Hair/Eye Color:				SSN #:			
				(0	Optional - Card Copy R	Required)	
CT CTT ON A							
SECTION 3:	MEM	BER SIGNATURE					
						. I understand that providing es of obtaining an Expiration	
		t to penalty in accorda				s of obtaining an Expiration	
SIGNATURE:					DATE:		
☐ Check t	this box i	f the person signing abo	ove is the assigne	d Power of Attorr	ney (POA) or Guard	lian of the enrolled member.	
-			**For Offic	e Use Only *	*	-	
Card Issued:	□ Yes	□ No – Reason:					
Card Type:	□ ID	□ TM	То	tal Number Cards	Issued:		
Disposition:	☐ Mail	☐ Pickup					
Date Issued:				Ву:			
				Tr	ibal Enrollment O	fficer	

PHONE: (775) 574-1000, Ext. 1115

FAX: (775) 201.1941