



## WELLNESS MEMBERSHIP FORM

### Delaware Tribe of Indians

5100 Tuxedo Blvd.  
Bartlesville, OK 74006  
Phone: 918-337-6590 Fax: 918-337-6540  
www.delawaretribe.org

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last Maiden or other names possibly registered under

D.O.B. \_\_\_\_\_ Tribe & Reg#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT(S) NAME: \_\_\_\_\_

PH#: \_\_\_\_\_

List additional contacts on back of form:

\_\_\_\_\_  
Printed Name Signature

If *not* Tribal Member, please list relationship: \_\_\_\_\_

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For Office Use Only

Date Received: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_