LOWER ELWHA KLALLAM TRIBE

ʔəʔɬx̣ʷə nəxʷsƛ̓ay̓əm "Strong People"

2851 Lower Elwha Road
Port Angeles WA 98363

(360) 452-8471
Fax: (360) 452-3428

Voter Registration Form

Please Print Clearly

To Register: All items must be complete to register to vote.

Name: _____

(First name, Middle Name, Last name)

Maiden Name or AKA: _____

Date of Birth: _____ Enrollment Number: _____

Address: _____

_____

_____

I, _____,

(Print Name Clearly)

Hereby certify that I am a member of the Lower Elwha Klallam Tribe and that I am

- At least 18 yrs of age; or will be by the General Election or Chair Election.

(Age will be verified for each election)

_____ _____

(Signature) (Date)

This form, upon completion and return to the Election Committee, shall be the basis to determine whether you qualify to have your name placed upon the list of registered voters and to receive a ballot for both the General Election and Chair Election.