



DATE: _____

Confederated Tribes of Warm Springs Reservation of Oregon Tribal Voters Registration

Please choose which district you want to vote in:

_____ **Agency District** _____ **ON Reservation** _____ **Off Reservation**

_____ **Simnasho District** _____ **ON Reservation** _____ **Off Reservation**

_____ **Seekseequa District** _____ **ON Reservation** _____ **Off Reservation**

My enrollment Number is _____

I reside at: _____

Name (print): _____

Signature: _____

WITNESS: _____

WITNESS: _____