



LUMMI INDIAN BUSINESS COUNCIL

2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

Authorization to Release

TRIBAL MEMBER INFORMATION

First Name _____ Middle Name _____ Last Name _____

Enrollment # _____ Date of Birth _____

**I am unable to pick up my 2023 Lummi Nation Basic Needs Distribution.
I Authorize the Lummi Indian Business Council to:**

(Mark only one below)

Release my check to

Delegated person

Delegated person will have to provide proof of applicant's enrollment (CIB or Copy of Tribal ID to pick up check.

OR

Mail check by regular U.S mail to (Write address below.

Please write clearly.

This must be signed in front of Notary.

Tribal Member's signature _____ Date _____

State of _____ County of _____

Subscribed and sworn before this _____ Day of _____