



Enrollment Committee Interest & Supportive Signatures from Family

I, _____, am an Adult Enrolled Snoqualmie Tribal Member of the Snoqualmie
Print Name (First and Last)
 Indian Tribe and am interested in serving on the Enrollment Committee from 2021-January 2024 (3 year term).

I am from the following family (*circle one*): **Davis-Monohan | Moses**

By signing below I understand I will be required to attend Enrollment Committee Meetings, sign the Enrollment Confidentiality Form, take an Oath of Office, and undergo mandatory trainings. I further understand, I will be paid as a consultant by way of a Stipend (without taxes being withheld) in the amount of \$2,000 USD per month and it will be taxable. I understand I will be required to comply with Tribal laws and policies.

 Interested Enrollment Committee Member Signature

By signing below, the signer (adult enrolled Snoqualmie Tribal Members), supports the above individual to be appointed, as one of their family representatives on the Snoqualmie Indian Tribe Enrollment Committee.

Tribal Member Name (Print First, Last)	Enrollment Number	What family are you from? (Circle one)	Signature
		Davis-Monohan Moses	
		Davis-Monohan Moses	
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		Davis-Monohan Moses	
		Davis-Monohan Moses	
		Davis-Monohan Moses	
		Davis-Monohan Moses	



By signing below I support, _____
(Print name of adult enrolled Snoqualmie Tribal Member from your family)

to be appointed to the Snoqualmie Indian Tribe Enrollment Committee, as my family representative.

Your Name (Print First, Last)	Enrollment Number	What family are you from? <i>(Circle one)</i>	Signature
		Davis-Monohan Moses	
		Davis-Monohan Moses	
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