



LOWER ELWHA KLALLAM TRIBE

ʔéʔx^waʔ nəx^wsʔáyəm' "Strong People"

2851 Lower Elwha Road
Port Angeles, WA 98363

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

LEKT Family Contact Sheet

Please Print Clearly

Address: _____

Phone Number: _____

First	Last	Age	Date of Birth	Tribal affiliation (check one)	
				<input type="checkbox"/> LEKT enrolled	<input type="checkbox"/> LEKT descendant
				<input type="checkbox"/> Other Tribal enrolled	<input type="checkbox"/> Non-native
				<input type="checkbox"/> LEKT enrolled	<input type="checkbox"/> LEKT descendant
				<input type="checkbox"/> Other Tribal enrolled	<input type="checkbox"/> Non-native
				<input type="checkbox"/> LEKT enrolled	<input type="checkbox"/> LEKT descendant
				<input type="checkbox"/> Other Tribal enrolled	<input type="checkbox"/> Non-native
				<input type="checkbox"/> LEKT enrolled	<input type="checkbox"/> LEKT descendant
				<input type="checkbox"/> Other Tribal enrolled	<input type="checkbox"/> Non-native
				<input type="checkbox"/> LEKT enrolled	<input type="checkbox"/> LEKT descendant
				<input type="checkbox"/> Other Tribal enrolled	<input type="checkbox"/> Non-native

Due to COVID-19 our family has increased need in the following areas (check all that apply):

- Education/Academic
 Cultural
 Recreational/physical fitness

I, _____ (Print Name Clearly) hereby certify that I above the age of 18 and am a member of the above Lower Elwha Klallam Tribal community household.

(Signature)

(Date)