

HOPI ELECTIONS
P.O. BOX 553
KYKOTSMOVI, AZ 86039
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HOPI TRIBAL VOTER REGISTRATION FORM

First Name _____ Middle Name _____
(Print legal name)

Last Name _____ Maiden Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

Enrollment Number _____ Village Affiliation _____ Male ___ Female ___

Social Security Number _____ Telephone # _____ Email Address: _____
(Last Four Digit)

Father's Name: _____ Mother's Maiden Name: _____
(Optional) (Optional)

Please check the appropriate response: _____ new voter _____ update voting information.

The above information is correct to the best of my knowledge. I affirm that I am 18 years of age or older and not enrolled with another tribe.

Signature of Voter

Date

HOPI ENROLLMENT OFFICE USE ONLY

Voter Eligible _____ Voter Ineligible: _____ Reason to be Ineligible: _____

Hopi Enrollment Department- Hopi Tribe

Date