



Photo by Toby McClary

Agreement — Members of Tribal Council, the Natural Resources Department and the U.S. Fish & Wildlife Service met in the Atrium of the Governance Building on Friday, May 13. Tribal Chairwoman Cheryle Kennedy and State Supervisor Kemper McMaster signed the Nelson's Checker-mallow Management Plan and Conservation Agreement. The agreement will allow the Tribe to manage the threatened plant (Nelson's Checker-mallow) on Tribal lands without consulting with the Fish & Wildlife Service. The Nelson's Checker-mallow is a plant that is threatened under the U.S. Endangered Species Act and is common in the Grand Ronde area.

Chemawa Holds Annual Spring Pow-wow



Photo by Toby McClary

Social Ties — These couples get to know each other better with an owl dance as Eagle Beak can be seen in the background using their hand drums at Chemawa's Annual Spring Pow-wow on Saturday, May 7. There were two grand entries on Saturday and about 300 people present in the early afternoon.

Round Dance In Grand Ronde



Photos by Toby McClary

Reunion — The Confederated Tribes of Grand Ronde hosted the 3rd Annual Agency Creek Round Dance on the weekend of May 20-21. The round dance attracted about 250 people, many of whom came from as far away as Washington and Canada to participate. At right, Kenny ScabbyRobe (Blackfeet) from the drum group Black Lodge Singers, leads the dancers on Saturday night.



MEMBER BENEFIT FUND DISTRIBUTION

\$800 SCHEDULED TO BE MAILED ON JUNE 27

The Tribal Council plans to allocate **\$800.00** to each member through the Member Benefit Program for the year 2005. **All members 21 years of age on or before the date of distribution are eligible for withdrawing. For all members under the age of 21, the distribution will be deposited into the trust accounts.** For those eligible, withdrawal requests received in our offices by **June 13, 2005**, will generate checks to be mailed on **June 27, 2005**. Withdrawal requests post marked June 13, 2005, or later **WILL NOT** meet the deadline, they must be **in** our offices by June 13, 2005.

UNDER NO CIRCUMSTANCES SHALL CHECKS BE PICKED UP AT THE OFFICES.

Checks will be mailed to the address on the withdrawal form. Once the request is received, the address **for the check** will not be able to be changed. The address on the withdrawal form will be the official address for you, and, all other mail will also be mailed to that address. If you need the check to go to an address other than the one on the form, please go to the post office in your area and have your mail forwarded.

You will be receiving a withdrawal form in the mail regarding this distribution. Also, there is a withdraw form in the *Smoke Signals* that you may use. This will be the **only** payment date for the month of June. If you have a balance in your account, you may request that on this withdrawal form along with the 2005 allocation. If you choose not to make a withdrawal at this time, or miss the June 13 deadline, the next payment date will be July 15, 2005. In order to be mailed a check on July 15, 2005, you must have your application to us no later than July 3, 2005.

Withdrawal forms may be faxed or mailed into the offices.

Due to the overwhelming amount of calls regarding verification of receiving the forms in the offices, for mail verification, you will need to mail it "**return receipt requested.**" Ask your local post office for assistance with this service. **For fax verification, faxing the form will be at your own risk.**

The total Member Benefit Distribution allocation for 2005 is \$800.00 for each member.

Please call the 1-800-759-4814 to receive information regarding the distribution or if you did not receive a withdrawal form, you may request one. This will be checked daily. If you have any questions regarding the application process or your beneficiary, you can contact Liz Leno at 1-800-422-0232, extension 2082. With any other questions, contact Chris Leno at 1-800-422-0232, extension 2340.

**MEMBER BENEFIT WITHDRAWAL FORM
JUNE 27, 2005 DISTRIBUTION**

NOTE: CHECKS WILL BE MAILED TO THE ADDRESS LISTED BELOW. THERE WILL BE NO EXCEPTIONS.

- 1) Tribal member Roll Number: _____
- 2) Name: _____
Please Print
- 3) Current Address: _____
Street/PO Box

City, State, Zip Code
() _____ SSN # _____
Phone Number Social Security Number
- 4) Date of Birth: _____
- 5) Are you a Veteran? Yes ___ No ___
- 6) If so, has Veterans' Administration awarded you disability?
Yes ___ No ___ What percentage? _____
- 7) Amount Requested: _____
- 8) Signature: _____ Date: _____

- Requests for withdrawals must be received in our office by **JUNE 13, 2005** for approval and processing.
- Checks will be mailed out beginning **JUNE 27, 2005**.



THE CONFEDERATED TRIBES OF THE GRAND RONDE COMMUNITY OF OREGON
MEMBER BENEFITS
9615 Grand Ronde Road • Grand Ronde, OR 97347
TOLL-FREE: 1-800-422-0232, ext. 2082
DIRECT: 503-879-2082
FAX: 503-879-2177