

**Kalispel Tribal Court**  
**Kalispel Indian Reservation**  
**Mailing: P.O. Box 96, Usk WA 99180**  
**Physical: 22 Camas Flat Rd. Cusick, WA 99119**

## RENEWAL APPLICATION FOR CONTINUED PRACTICE AS A SPOKESPERSON

Name	Last	First	Middle
Residence Address			
City	State	Zip Code	
Employer			
Business Address		Room/Suite/Floor	
City	State	Zip Code	
Preferred Phone Number	Fax Number	Email Address	

Check all that apply:

A check payable to the Kalispel Tribe of Indians for \$50.00 is attached.

I am exempt from payment of renewal fees because I meet the requirements of one of the following categories:

I am an attorney employed by a government to represent governmental interests in Tribal Court.

I am a contracted attorney through the Court who only represents individuals appointed counsel.

I am a law student who is supervised by an attorney who is admitted to the Kalispel Tribal Bar

who will provide adequate supervision (said attorney has signed this application).

I am a Kalispel Tribal member who requests to be made a Spokesperson.

Check the box next to this section if any of the information you initially provided regarding your status to practice in other States or Tribal Jurisdictions has changed. If that status has changed, please provide information regarding that change, including any new bar memberships and associated numbers, or any disciplinary action that affects the ability to practice in those jurisdictions, on the next page.

Please check the box next to this section if anything has changed with respect to your answers initially provided on your Application. If so, please provide as much information as possible below, and attach any relevant documentation to this renewal form:

**I declare under penalty of perjury that the foregoing statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.**

Date Submitted:

Renewal Applicant's Name:

Renewal Applicant's  
Signature:

Supervisor's  
Signature: