## The Saginaw Chippewa Indian Tribe of Michigan

## **2025 Annual Report Form**

Return to: Tribal Clerk's Office, 7500 Soaring Eagle Blvd., Mt. Pleasant, Michigan 48858 – Questions, call 989-775-4054

Pursuant to Article III, Section 4 of the Amended Constitution of November 4, 1986, I make this Annual Report as I understand that if I fail to file an Annual Report on or before **November 1** of each year, that I may not be entitled to any monetary benefits that may accrue to members of The Saginaw Chippewa Indian Tribe of Michigan. **PRINT CLEARLY AND COMPLETE ENTIRE FORM** 

NAME:	 Fir	First Middle				<b>M F</b> Sex (circle one)		
MARITAL STATUS (circle one): Mai	ried Single	Divorced	Widowed	VETER	AN (circle one):	VFS	NO	
	•							
MEMBERSHIP #: M	53	o#:		_ BIKTHDATE: _	/	_/		
RESIDENCE ADDRESS:								
Number & Str	eet			Apartme	nt or Lot			
City			State		Zip C	ode		
RESIDENCE COUNTY:			RESIDENCE T	OWNSHIP:				
MAILING ADDRESS: (ONLY if different	from your residence a	ddress above)						
Number & Sti	Number & Street			Apartment or Lot				
City			State		Zip C	ode		
HOME PHONE NUMBER: (	_)		_ CELL PHONE	NUMBER: (	)			
EMAIL:				@				
DO YOU WISH TO CONTINUE/REN	<b>IEW</b> (continuation/re	enewal onlynew	enrollments or char	nges require new applica	tions; initial "no" f	or not app	olicable)	
YOUR CURRENT LEVEL MEM	BER HEALTHCARE	COVERAGE?	(initial one)	YE	S		NO or N/A	
YOUR CURRENT MNO-SHKIZ	IWIN ASSISTANCI	& PERCENTA	AGE ALLOCATION	I? BY INITIALING "	YES",			
I HEREBY CERTIFY THAT THE	RE ARE NO CHAN	GES TO MY EL	IGIBILITY FOR SU	JPPLEMENTAL ASS	STANCE			
FROM MY ORIGINAL APPLIC	ATION. (initial one)			YE	<u></u>		NO or N/A	
**M	UST BE NOTARIZED O	R WITNESSED & S	IGNED BY A FEDERA	L CORRECTIONS AGENT	**			
Signature			-	Date				
Subscribed and sworn to by			•					
of								
STATE OF	,							
STATE OF	<i>)</i> )ss.		Notary Public Sign	ature ate of				
COUNTY OF			County of					
	·································			Expires on				
				·				
	=====Fed	eral Correctio	ns Agent Use On	ly======	========	=====	=======	
Subscribed and sworn to bef	ore me,			, a Fed	leral Correction	ns Agent	authorized	
to administer oaths and take acknow	edgments of inma	ites.						