The Saginaw Chippewa Indian Tribe of Michigan
Annual Report Form
Tribal Clerk’s Office, 7500 Soaring Eagle Blvd., Mt. Pleasant, Michigan 48858, Phone: 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 May 4 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, COMPLETE ENTIRE FORM, SIGN BEFORE A NOTARY, RETURN TO TRIBAL CLERK PRIOR TO DUE DATE.

NAME: ____________________________ M_______F_____

Last First Middle Sex (Circle One)

MARITAL STATUS (CIRCLE): Married Single Divorced Widow

VETERAN: ☐ YES ☐ NO

MEMBERSHIP #: M__________________ SS#: _______ - _______ - _______

BIRTH DATE: ___ / ___ / ______

RESIDENCE ADDRESS: ____________________________________________

__________________________________________
Number & Street Apartment or Lot

__________________________________________
City State Zip

MAILING ADDRESS: (ONLY if different from your Residence address above.)

__________________________________________
Number & Street Apartment or Lot

__________________________________________
City State Zip

HOME PHONE NUMBER: (_____)_______ - ___________ CELL PHONE NUMBER: (_____)_______ - ___________

COUNTY OF RESIDENCE: ______________________ EMAIL:_______________________________

DO YOU WISH TO BE OR CONTINUE TO BE A REGISTERED VOTER? ☐ YES ☐ NO

Have you been convicted of a crime on or after June 1, 2013? ☐ Yes ☐ No
If yes, provide the type of conviction: __________________________________________
Date of conviction (s): __________________________________________
Where: ______________________________________________________

**MUST BE SIGNED AND DATED IN THE PRESENCE OF A NOTARY PUBLIC**

__________________________________________
Signature

This instrument was acknowledged before me on this _____ day of __________________, ________; sworn and subscribed before me by _________________________________.

STATE OF ________________ )

)ss. Notary Public Signature

COUNTY OF ________________ )

In and for the State of ________________

County of __________________________

My Commission Expires on ________________

Acting in __________________________ County