

**The Saginaw Chippewa Indian Tribe of Michigan**  
**Address Change Form - PRINT CLEARLY**

***The Tribal Per Cap Plan states that ALL TRIBAL MEMBERS are required to update their contact information with the Tribal Clerk's Office when changes occur to ensure continued payments.*** Completing this form will officially change your address on the official Tribal Database and for all Tribal Departmental mailing purposes. This form must be completed 10 days prior to the first of the month if you want the change to take affect for purposes of the Tribal Per Capita Department. When changing your residential address, you must check "Yes" to renew your voter registration.....changing your residential address at any time your voter registration must be updated. Checking "No" cancel your voter registration effective on the date that the form is accepted. Send to Tribal Clerk, 7500 Soaring Eagle Blvd., Mt. Pleasant, MI 48858 • Phone 989.775.4054

**PRINT CLEARLY, COMPLETE ENTIRE FORM, SIGN BEFORE A NOTARY, PRIOR TO RETURNING TO TRIBAL CLERK**

**NAME:** \_\_\_\_\_ **M** **F**  
 Last First Middle Sex (Circle One)

**MEMBERSHIP #:** M\_\_\_\_\_ **SS#:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ **BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**RESIDENTIAL ADDRESS (Where you physically live.)**

Number & Street	Indicate: Apartment or Lot
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City	State	Zip
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**MAILING ADDRESS:** (ONLY if different from your Residence address above.)

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Number & Street
Indicate: Apartment or Lot

City	State	Zip
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**HOME PHONE :** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **COUNTY OF RESIDENCE:** \_\_\_\_\_

**CELL PHONE:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **REGISTER TO VOTE:** ☐Yes ☐No

**EMAIL:** \_\_\_\_\_

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): \_\_\_\_\_

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

**Signature**

**Date**

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; sworn  
and subscribed before me by \_\_\_\_\_.

Notary Public Signature

STATE OF \_\_\_\_\_ )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

In and for the State of \_\_\_\_\_

County of \_\_\_\_\_

My Commission Expires on \_\_\_\_\_

Acting in \_\_\_\_\_ County