

The Saginaw Chippewa Indian Tribe of Michigan
Annual Report Form

2017

Tribal Clerk's Office, 7070 East Broadway, 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)

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: (____) _____ - _____ COUNTY OF RESIDENCE: _____

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

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

Signature

Date

STATE OF _____)
)ss.
COUNTY OF _____)

Have you ever been convicted of a crime? Yes No
If yes, provide the type of conviction: _____
Date of conviction(s): _____
Where: _____

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

Notary Public Signature

In and for the State of _____

County of _____

My Commission Expires on _____

Acting in _____ County