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, 7070 E. Broadway, 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

_____
City State Zip

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

_____
Number & Street Indicate: Apartment or Lot

_____
City State Zip

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