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