## The Saginaw Chippewa Indian Tribe of Michigan Annual Report Form

**2020** 

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: Last First Middle MARITAL STATUS (CIRCLE): Married Single Divorced Widow VETERAN: ☐ YES ☐ NO MEMBERSHIP #: M\_\_\_\_\_ SS#: \_\_\_\_-\_\_ **BIRTH DATE:** \_\_\_/\_\_\_/ RESIDENCE ADDRESS: \_\_\_\_\_\_\_Number & Street Apartment or Lot State **MAILING ADDRESS:** (ONLY if different from your Residence address above.) Number & Street Apartment or Lot State Zip City HOME PHONE NUMBER: ( ) - CELL PHONE NUMBER: ( ) -COUNTY OF RESIDENCE: EMAIL: DO YOU WISH TO BE OR CONTINUE TO BE A REGISTERED VOTER? □ YES 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 Date subscribed before me by \_\_\_\_\_ Notary Public Signature COUNTY OF \_\_\_\_\_\_) In and for the State of \_\_\_\_\_ County of My Commission Expires on \_\_\_\_\_

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