

# 2021

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.**

**NAME:** \_\_\_\_\_

Last	First	Middle	<b>M</b>	<b>F</b>
			Sex (Circle One)	

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

**RESIDENCE ADDRESS:** \_\_\_\_\_

Number & Street Apartment or Lot

City	State	Zip
------	-------	-----

Number & Street	Apartment or Lot
-----------------	------------------

City	State	Zip
------	-------	-----

**HOME PHONE NUMBER:** (      )      -      **CELL PHONE NUMBER:** (      )      -     

**COUNTY OF RESIDENCE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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

**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 \_\_\_\_\_

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

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

**COUNTY OF** \_\_\_\_\_ )

Notary Public Signature

In and for the State of

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

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

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