

The Saginaw Chippewa Indian Tribe of Michigan
Annual Report Form

Tribal Clerk's Office, 7500 Soaring Eagle Blvd., 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 M F Sex (Circle One)

MARITAL STATUS (CIRCLE): Married Single Divorced Widow VETERAN: YES NO

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: CELL PHONE NUMBER:

COUNTY OF RESIDENCE: EMAIL:

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

THIS FORM MUST BE NOTARIZED OR SIGNED BY A FEDERAL CORRECTIONS AGENT

Signature Date

Notary Use Only

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

Federal Corrections Agent Use Only

Subscribed and sworn before me, a Federal Corrections Agent authorized to administer oaths and take acknowledgments of inmates.

Corrections Agent authorized by the Act of July 7, 1955, as amended, to administer oaths (18 U.S.C. § 4004). Date