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: ____________________________ M ______ F ______
Last First Middle 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 ____________ County
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.

________________________________________ Date ________________