The Saginaw Chippewa Indian Tribe of Michigan Annual Report Form

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				F
Last	First	Middle	Sex (C	ircle One)
MEMBERSHIP #: M	SS#:		BIRTH DATE: _	//_
RESIDENCE ADDRESS:Number & S				
Number & S	Number & Street		Apartment or Lot	
City	S	State	Zip	
MAILING ADDRESS: (ONLY if different fro	om your Residence addre	ss above.)		
Number & S	Number & Street		Apartment or Lot	
City	S	State	Zip	
HOME PHONE NUMBER: ()	COU	NTY OF RESIDE	NCE:	
DO YOU WISH TO BE OR CONTINUE TO	RE A DECISTEDED V	VOTER?	□ YES	□ NO
Signature		Date		
STATE OF))ss. COUNTY OF)	If ye Date	es, provide the type e of conviction(s):	nvicted of a crime? of conviction:	
This instrument was acknowledged before				
subscribed before me by	·			
		Notary Pu	Notary Public Signature	
		In and for	the State of	
		County of		
		My Comm	nission Expires on	
		Acting in		County