

The Saginaw Chippewa Indian Tribe of Michigan
Address Change Form - PRINT CLEARLY

The Tribal Per Cap Plan states that ALL TRIBAL MEMBERS are required to update their contact information with the Tribal Clerk's Office when changes occur to ensure continued payments. Completing this form will officially change your address on the official Tribal Database and for all Tribal Departmental mailing purposes. This form must be completed 10 days prior to the first of the month if you want the change to take affect for purposes of the Tribal Per Capita Department. When changing your residential address, you must check "Yes" to renew your voter registration.....changing your residential address at any time your voter registration must be updated. Checking "No" or leaving the voter registration boxes empty will cancel your voter registration effective on the date that the form is accepted. Send to Tribal Clerk, 7070 E. Broadway, Mt. Pleasant, MI 48858 • Phone 989.775.4054

PRINT CLEARLY, COMPLETE ENTIRE FORM, SIGN BEFORE A NOTARY, PRIOR TO RETURNING TO TRIBAL CLERK

NAME: _____
Last First Middle Sex

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

RESIDENTIAL ADDRESS (Where you physically live.)

_____ Indicate: Apartment or Lot
Number & Street

_____ City State Zip

MAILING ADDRESS: (ONLY if different from your Residence address above.)

_____ Indicate: Apartment or Lot
Number & Street

_____ City State Zip

HOME PHONE NUMBER: (____)____ - _____ **COUNTY OF RESIDENCE:** _____

MESSAGE/OTHER PHONE: (____)____ - _____ **REGISTER TO VOTE:** Yes No

MUST BE SIGNED AND DATED IN THE PRESENCE OF A NOTARY PUBLIC

_____ Date Tribal Member's Signature

SWORN and SUBSCRIBED before me, _____, a Notary Public in and for the State of _____, County of _____, do hereby certify _____ provided proper photo-identification that clearly identifies the person who executed the foregoing instrument as the above named person and said person acknowledged the execution of the foregoing instrument to be his/her act and deed.

Subscribed and sworn to me this ____ day of _____, 20____.

 Notary Public Signature

In and for the State of _____
 County of _____
 My Commission Expires on _____

NOTE:
Must be filled out completely!!!