The Saginaw Chippewa Indian Tribe of Michigan

Tribal Clerk's Office, 7070 East Broadway, Mt. Pleasant, Michigan 48858, Phone: 989.775.4054, Fax: 989.775.4094

Voter Registration Form

COMPLETION AND RETURN OF THIS FORM IS VOLUNTARY

This form is for voter registration only. No address changes will be made from the information given below. You will not be registered to vote if the address listed below does not match that which is currently on file with the Tribal Clerk's Office. If your residential address has changed, please complete the *Change of Address Form* first. You must use your actual residence address---- NO POST OFFICE BOXES WILL BE ACCEPTED! You must re-register to vote each time you move (change your residence) within or between districts or if you change your name.

NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COUNTY: _____

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

HOME PHONE NUMBER: (_____) _____-_____

I, _____, hereby certify that I am a member of the Saginaw Chippewa Indian Tribe of Michigan, and that I am at least 18 years of age or will be at least 18 years of age on or before the date of the election. I further certify that I reside within the boundaries of the _____ District and have fully read and understand this form.
(Isabella, Saganing or At-Large)

DATE: _____ **SIGNATURE:**_____

COMPLETION OF THIS FORM IS NECESSARY IF YOU WISH TO BECOME QUALIFIED TO VOTE IN UPCOMING TRIBAL ELECTIONS.

UPON COMPLETION, RETURN THIS FORM TO THE TRIBAL CLERK'S OFFICE. IT SHALL BE THE BASIS FOR DETERMINING WHETHER YOU QUALIFY TO HAVE YOUR NAME PLACED UPON THE LIST OF REGISTERED VOTERS AND TO PARTICIPATE IN UPCOMING TRIBAL ELECTIONS.

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

I hereby certify that the above named individual is qualified to vote and that this name shall be placed on the list of registered voters.

DATE: _____ SIGNATURE: _____