

### Please print the following information

First Name:				Last Name:		
Date: _	/ mm	/ dd	уууу	Business:		
Phone:	(	)	-	Email:		

## **Delivery Address**

Check here if delivery and billing addresses are the same.						
Name:						
Address:						
City:	State:	Zip:				

# **Billing Address**

#### \*If different from delivery address

Name:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_

 Tribal Observer
Attn: Subscriptions

7070 E. Broadway Mt. Pleasant, MI 48858

Please submit this form

**Subscription Fee** 

\*Cash or check payments only \*Please make checks out to SCIT

with payment to:

\$30 per year

## **Questions?**

For more information, please contact the Tribal Observer at:

- Phone: 989.775.4010
- E-mail: TribalObserver@sagchip.org



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