The Saginaw Chippewa Indian Tribe of Michigan

2028 Annual Report Form

Return to: Tribal Clerk's Office, 7500 Soaring Eagle Blvd., Mt. Pleasant, Michigan 48858 – Questions, call 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 **November 1** 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 AND COMPLETE ENTIRE FORM**

NAME: _____ **M F**
Last First Middle Sex (circle one)

MARITAL STATUS (circle one): **Married Single Divorced Widowed** **VETERAN** (circle one): **YES NO**

MEMBERSHIP #: M_____ **SS#:** _____-_____-_____ **BIRTHDATE:** _____/_____/_____

RESIDENCE ADDRESS: _____
Number & Street Apartment or Lot

_____
City State Zip Code

RESIDENCE COUNTY: _____ **RESIDENCE TOWNSHIP:** _____

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

_____
Number & Street Apartment or Lot

_____
City State Zip Code

HOME PHONE NUMBER: (_____) _____-_____ **CELL PHONE NUMBER:** (_____) _____-_____

EMAIL: _____@_____

DO YOU WISH TO CONTINUE/RENEW (continuation/renewal only...new enrollments or changes require new applications; initial "no" for not applicable)

- **YOUR CURRENT LEVEL MEMBER HEALTHCARE COVERAGE?** (initial one) _____ **YES** _____ **NO or N/A**
- **YOUR CURRENT MNO-SHKIZIWIN ASSISTANCE & PERCENTAGE ALLOCATION? BY INITIALING "YES", I HEREBY CERTIFY THAT THERE ARE NO CHANGES TO MY ELIGIBILITY FOR SUPPLEMENTAL ASSISTANCE FROM MY ORIGINAL APPLICATION.** (Initial one) _____ **YES** _____ **NO or N/A**

****MUST BE NOTARIZED OR WITNESSED & SIGNED BY A FEDERAL CORRECTIONS AGENT****

I hereby certify that the information provided herein is true, accurate and complete. I hereby certify that I have not become enrolled in any other Federally Recognized Indian Tribe (including any Canadian tribe) at any time after my enrollment in the Saginaw Chippewa Indian Tribe of Michigan ("Tribe"). Further, I understand that my enrollment in any other Federally Recognized Indian Tribe (including any Canadian tribe) at any time after my enrollment in this Tribe will result in my disenrollment from this Tribe as required by Tribal law.

_____ _____
Signature **Date**

==========**Notary Use Only**==========

Subscribed and sworn to by _____ before me on this _____ day of _____, _____.

STATE OF _____)
)**ss.**
COUNTY OF _____)

_____
Notary Public Signature
In and for the State of _____
County of _____
My Commission Expires on _____
Acting in _____ County

==========**Federal Corrections Agent Use Only**==========

Subscribed and sworn to before me, _____, a Federal Corrections Agent authorized to administer oaths and take acknowledgments of inmates.

_____ _____
Corrections Agent Signature authorized by the Act of July 7, 1955, as amended, to administer oaths (18 U.S.C. § 4004) Date