



# Saginaw Chippewa Housing Department (SCHD) Advisory Committee (AC) Interest Form



Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Membership # (If SCIT): \_\_\_\_\_

Insert  
Photo or Selfie  
Here

**\*\*Housing Front Desk can help  
you with a photo (if needed)\*\***

May we contact you by (Circle One): Text   E-mail

In the space below please tell us why you wish to serve on the advisory committee and what contribution do you believe you could make?

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**Additional Information:** List any training, education, community involvement, or organizational membership you feel may be useful to us in considering your application. You may attach additional pages if more space is needed.