

The Saginaw Chippewa Indian Tribe of Michigan
Annual Report Form

Tribal Clerk's Office, 7500 Soaring Eagle Blvd., Mt. Pleasant, Michigan 48858, Phone: 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 May 4 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, COMPLETE ENTIRE FORM, SIGN BEFORE A NOTARY, RETURN TO TRIBAL CLERK PRIOR TO DUE DATE.

NAME: Last First Middle M F Sex (Circle One)

MARITAL STATUS (CIRCLE): Married Single Divorced Widow VETERAN: YES NO

MEMBERSHIP #: M SS#: BIRTH DATE: / /

RESIDENCE ADDRESS: Number & Street Apartment or Lot City State Zip

MAILING ADDRESS: (ONLY if different from your Residence address above.) Number & Street Apartment or Lot City State Zip

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

COUNTY OF RESIDENCE: EMAIL:

DO YOU WISH TO BE OR CONTINUE TO BE A REGISTERED VOTER? YES NO

\*\*THIS FORM MUST BE NOTARIZED OR SIGNED BY A FEDERAL CORRECTIONS AGENT\*\*

Signature Date

Notary Use Only

This instrument was acknowledged before me on this day of ; sworn and subscribed before me by

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

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