## The Saginaw Chippewa Indian Tribe of Michigan

## **2026 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** 

Last	Fir	rst	Middl	le			M F Sex (circle one)			
MARITAL STATUS (circle one): Married		Single Divorced		Widowed		VETERAN (circle one):		YES	NO	
MEMBERSHIP #: M		S	S#:		BIRTHDA	NTE:	_/	_/		
RESIDENCE ADDRESS:						Apartment or	Lot			
					·					
City	City				State Zi					
RESIDENCE COUNTY:				RESIDENCE	TOWNSHIP:					
MAILING ADDRESS: (ONLY if differ	ent from your	residence a	ddress above)							
Number 8	Number & Street				Apartment or Lot					
City				State			Zip Co	ode		
HOME PHONE NUMBER: (	)			_ CELL PHONE	NUMBER: (	)				
EMAIL:	<b>@</b>									
<ul> <li>YOUR CURRENT LEVEL M</li> <li>YOUR CURRENT MNO-SH</li> <li>I HEREBY CERTIFY THAT T</li> </ul>	KIZIWIN AS	SISTANC	E & PERCENTA	AGE ALLOCATIO	N? BY INITIAI	 LING "YES"	•		NO or N/A	
FROM MY ORIGINAL APPLICATION. (initial one)							_		NO or N/A	
•	*MUST BE NO	TARIZED O	R WITNESSED & S	SIGNED BY A FEDER	AL CORRECTIONS	AGENT**				
Signature			Noton		Date					
======================================				•						
of										
STATE OF				Notary Public Sig						
)ss.				County of	State of					
				Acting in	n Expires on				County	
Subscribed and sworn to										
Subscribed and sworn to to administer oaths and take acknowle						, a rederal	correction	is Agent	, authorized	
Corrections Agent Signature authorized by	the Act of India	7 1055 22	amondod to	Data						