



VOTER REGISTRATION FORM

NAME _____ (Please Print)
(Last) (First) (MI)

ADDRESS _____
(Must be a PHYSICAL RESIDENCE)

(City, Town) (State) (Zip Code)

MAILING ADDRESS: (ONLY if DIFFERENT THAN your PHYSICAL address above)

(Street or P.O. Box)

(City, Town) (State) (Zip Code)

TRIBAL IDENTIFICATION NUMBER _____

I hereby certify that I am a duly enrolled member of the Grand Traverse Band of Ottawa and Chippewa Indians per Article II of The Constitution of the Grand Traverse Band of Ottawa & Chippewa Indians, and that I am a minimum of eighteen (18) years of age.

I further certify that I have "been a resident for a period of at least (6) months in the six-county service area of Antrim, Benzie, Charlevoix, Grand Traverse, Leelanau and Manistee..." per Article VII Section 3, of The Constitution of the Grand Traverse Band of Ottawa & Chippewa Indians.

I currently reside in _____ County and have lived in the six-county service area since _____.

Signature _____ Date _____

Initials _____ Date _____

Tribal Enrollment Officer/ Election Board Rep.

Two (2) proofs of residency are required. Evidence of residency may include, but not be limited to, the following; Michigan driver license, Michigan identification card, Government issued photo identification card, current utility bill, property deed, property tax bill, current bank statement or current paycheck or government check. The address evidence presented to prove physical residence must satisfy the six-month requirements mandated by the Tribal Constitution. A Post Office Box address will not be accepted as proof of residency.

You must complete and return this VOTER REGISTRATION FORM to the Membership Office for verification of eligibility Revised 4/9/2018