

Grand Traverse Band of Ottawa and Chippewa Indians

2605 N West Bay Shore Drive, Peshawbestown, MI 49682

(231) 534-7101 or 1-866-534-7750 ext. 7101

ADDRESS CHANGE FORM- Please print clearly

Name: _____
First Middle Maiden Last

Birth Date: _____ **Social Security Number:** _____ **Tribal ID#** _____

Old Address _____

New Address: (Physical Address-where you physically reside) **County** _____

Mailing Address: (Only if different than your physical address listed above)

(This address will be used for all mailings including per capita distribution checks)

Area Code and Home Telephone Number (____) _____ **Male** ____ **Female** ____

Please list all minors and incapacitated persons for whom you have the legal right to represent, living in your household, whose address will also need to be changed to this address:

TID# _____ Name _____ Male ____ Female ____
TID# _____ Name _____ Male ____ Female ____
TID# _____ Name _____ Male ____ Female ____
TID# _____ Name _____ Male ____ Female ____

Please use an additional Address Change form(s) if more lines are needed

Legal Capacity: Parent ____ Legal Guardian ____ Conservator ____ Other ____ (please explain)

Are you the Head of Household? ____ Yes ____ No

Do you wish to receive the GTB News? ____ Yes ____ No

Do you live on the reservation? ____ Yes ____ No

If you now live in the 6 county service area, do you wish to be a registered voter?

____ Yes ____ No **Answering this question DOES NOT register you to vote.**

YOU MUST COMPLETE A 'VOTER REGISTRATION FORM' TO BE ELIGIBLE TO VOTE

**This document MUST be signed and dated in the presence of a Notary Public
Tribal Member's Signature (Parent or Guardian if Under 18)**

Date _____ **Signature** _____

On this ____ day of _____, in the year _____, before me _____,
a Notary Public in and for the County of _____, State of _____,
personally appeared _____. Proved on the basis of
satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and
acknowledged he/she executed the same

Notary Public _____
In and for _____ County, State of _____
My Commission expires on _____

Revised 9/08

PLEASE WRITE ATTN: MEMBERSHIP OFFICE ON THE ENVELOPE IF YOU ARE MAILING THIS FORM TO US. Record updated by _____