

GRAND TRAVERSE BAND OF OTTAWA & CHIPPEWA INDIANS

TRIBAL COURT

2605 N. WEST BAY SHORE DRIVE ❖ PESHAWBESTOWN, MI 49682

Main Line: (231) 534.7050 ❖ Fax: (231) 534.7051 ❖ Email: tribalcourt@gtbindians.com

ADDRESS CHANGE FORM - Please Print Clearly

PLEASE NOTE: THIS FORM WILL BE SHARED WITH THE GTB MEMBERSHIP OFFICE WHO WILL CHANGE YOUR ADDRESS INFORMATION!

Received by (staff name): _____ Date: _____

NAME: _____ Last First Middle Maiden

BIRTH DATE: ____/____/____ SOCIAL SECURITY NUMBER (last 4 digits): _____ TRIBAL ID#: _____

OLD ADDRESS: _____

NEW ADDRESS (Physical Address-where you physically reside) and COUNTY: _____

MAILING ADDRESS / Only if different than NEW/PHYSICAL address listed above: _____ (This address will be used for all mailings including per capita distribution checks and Court Notices/Forms)

AREA CODE & HOME TELEPHONE NUMBER: () _____ MALE _____ FEMALE _____

Please list minors/incapacitated persons for whom you have the legal right to represent, who reside with you in your household, whose address should also be changed to the new requested address (Change of address in capacity of Legal Guardian/Conservator/ Incapacitated Person/Other will require Court Documentation of legal representation):

LEGAL CAPACITY: ___ Parent ___ Legal Guardian ___ Conservator ___ Other (please explain on separate sheet)

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.
]You may NOT change address of a Tribal Member spouse or other Legal adult

Are you the Head of Your Household? YES ___ NO ___
Do you wish to receive the GTB News via US Post (Online Edition Available)? YES ___ NO ___
Do you live in the 6 County Service Area? YES ___ NO ___

If you live in the 6-county service area, do you wish to be a registered voter? YES ___ NO ___
YOU MUST COMPLETE A 'VOTER REGISTRATION FORM' (available at the Membership Office) TO BE ELIGIBLE TO VOTE!

This document MUST be signed and dated in the presence of a Notary Public
BY SIGNING THIS DOCUMENT TRIBAL MEMBER IS AWARE THAT INFORMATION HEREIN WILL BE SUPPLIED TO THE GTB MEMBERSHIP OFFICE FOR MEMBERSHIP LIST UPDATE

Tribal Member Signature _____ Date _____

On this ____ day of _____, in the year ____ before me _____, a Notary Public in and for the County of _____, State of _____, personally appeared _____, who 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 same.

Notary Public _____
In and for County _____ State of _____
Acting in County of _____
My Commission Expires on _____

(NOTARY SEAL)

Copy to: File Tribal Member Membership Office _____ (Date Scanned)