

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

TRIBAL COURT

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

Main Line: (231) 534-7050 Fax: (231) 534-7051 Email: tribalcourt@gtb-nsn.gov

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

Birthdate: _____ Social Security Number (last 4 digits): _____ Tribal ID#: _____

Email Address: _____ Gender: _____

OLD ADDRESS: _____

NEW PHYSICAL ADDRESS: _____

NEW MAILING ADDRESS (if different than physical address): _____

AREA CODE & PHONE NUMBERS: _____

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: _____ Gender: _____

TID#: _____ Name: _____ Gender: _____

TID#: _____ Name: _____ Gender: _____

TID#: _____ Name: _____ Gender: _____

Please use an additional Address Change Form(s) if more lines are needed. You may NOT change the 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

Subscribed and sworn to before me 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 _____

(seal)