



# The Grand Traverse Band of Ottawa and Chippewa Indians

2605 N. West Bay Shore Drive • Peshawbestown, MI 49682 • (231) 534-7750

## VOTER REGISTRATION FORM

NAME \_\_\_\_\_ (Please Print)  
(Last) (First) (MI) MAIDEN

ADDRESS \_\_\_\_\_  
(Must be a physical residence, RR #s, or Lot #)

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

**MAILING ADDRESS:** (ONLY IF DIFFERENT THAN YOUR PHYSICAL ADDRESS ABOVE)

\_\_\_\_\_  
(Including P.O. Box you use for mail)

\_\_\_\_\_  
(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, section b of the Tribal Constitution and that I am a minimum of eighteen (18) years of age.

I further certify that I have been a resident of the six county service area of GRAND TRAVERSE, CHARLEVOIX, LEELANAU, BENZIE, MANISTEE and ANTRIM counties since \_\_\_\_\_ and that I currently reside in \_\_\_\_\_ County. (Month/Year)

**(The address on this Voter Registration Form, must match your current address on file with the Membership Office)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Tribal Enrollment Officer's Signature \_\_\_\_\_

**You must complete and return this VOTER REGISTRATION FORM to the Tribal Enrollment Officer for verification to vote in any future Tribal elections.**