

**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)

**Home phone Number** (\_\_\_\_) \_\_\_\_\_ **Cell phone Number** (\_\_\_\_) \_\_\_\_\_  
**Email address** (not required) \_\_\_\_\_ 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 12/14

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