



Little Traverse Bay Bands of Odawa Indians

ELECTION BOARD

ElectionBoard@LtbbElectionBoard.org

P.O. Box 160
Conway, MI 49722

VOTER REGISTRATION FORM

IMPORTANT NOTICE

- Use this fillable form, then sign or print the form and fill it in by hand and sign.
- All information must be accurate and complete.
- This Voter Registration Form must be signed by the Tribal Citizen.
- Mail the signed form to the mailing address above or email the signed form to the email address above.
- The information and signature must be clear and legible.

**Your Voter Registration Form Will Not Be Accepted
If These Requirements Are Not Met**

“PLEASE PRINT”

Tribal ID Number

Email Address (Optional)

Date Of Birth

First Name

Middle Name

Last Name

Suffix (Sr., Jr., Etc.)

Previous or Maiden Name(s)

Mailing Address (Street Address or P.O. Box)

City

State

Zip Code

Signature Of Voter

Date