



Sault Tribe Membership Participation Form



Please Note: If your Member issue is one that you would prefer to raise directly with an individual Board Member or with the team members in the Chairperson's office, you can obtain contact information for each of the Board Members, the Chairperson and/or the Tribe's Membership Liaisons by calling 906-635-6050 or by visiting the Tribe's web site at www.saulttribe.com.

If you who would like to address the Board of Directors at a Regular Meeting of the Board, you must complete this form and return it to a Membership Liaison or designated team member. This is necessary so that we can: (1) identify the Members who wish to speak; (2) allow the Board to hear everyone in an efficient manner; and (3) make sure we have the information needed to follow up with you if necessary. The Board will not ordinarily engage in discussion and will generally not be in a position to provide a response to specific issues; however, a team member will be assigned to follow up with you when this is appropriate. The following procedures apply:

1. To assure that each interested Tribal Member will have an opportunity to speak, your comments are limited to five minutes.
2. You must confine your remarks to the issue identified on your request form.
3. Personal attacks and disrespectful or disruptive conduct will not be permitted.
4. Your comments to the Board may take place in closed session at your own request or at the discretion of the Chairperson if your issue is sensitive or personal or if it involves a matter that may be the subject of a closed session.
5. To preserve your ability to grieve or appeal an employment matter, you are reminded to raise your issue through the proper procedures in the appropriate personnel manual. Addressing the Board directly may circumvent your ability to grieve or appeal.

Check this box to indicate you agree to the above statements numbered 1 through 5

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|------------------------|---------------------------------------|
| NAME | DATE OF BIRTH |
| STREET ADDRESS | FILE NUMBER (RED NUMBER ON TRIBAL ID) |
| CITY, STATE, ZIP CODE | TRIBAL ELECTION UNIT |
| TELEPHONE AND/OR EMAIL | DATE |

Please give a brief statement of the issue you wish to present to the board of directors

EMAIL YOUR COMPLETED FORM TO SBerger@saulttribe.net. Thank you.

FOR TEAM MEMBER USE AND FOLLOW UP BELOW

_____ Division or Department _____ Team Member Assigned

_____ Date Assigned _____ Projected Date of Completion _____ Date Completed _____ Date Tribal Member Notified of Resolution