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Adult Relinquishment Form

To: _____

I, _____, an adult person, do hereby relinquish my tribal membership in: _____.

This relinquishment of my tribal membership is made freely and voluntarily with the full understanding that henceforth, I shall cease to hold membership in: _____.

And that I will longer be eligible for benefits I am entitled to as a member of that tribe. My membership will be cancelled and approved at a regular meeting of the Organized Village of Kasaan.

Signature of Person relinquishing: _____

Date: _____ Applicant's Address:

Subscribed and sworn to me before a notary public, this ____ Day of:

_____, _____: By: _____

Name of Individual

Notary Public

My Commission expires on: _____