



SHAWNEE TRIBE
VOLUNTARY RELINQUISHMENT REQUEST FORM
 Enrollment Department
 PO Box 189
 Miami, OK 74355
 918-542-2441

In accordance with § 49, Chapter 5, of Title II of the Shawnee Legislative Acts, the Shawnee Tribe Membership Act, I (print name) _____ do hereby freely and voluntarily relinquish my membership in the Shawnee Tribe for the following reason(s)

I also understand that I will not be eligible to re-enroll in the Shawnee Tribe for a period of one (1) year from the effective date of my relinquishment, and that I will be ineligible for any services offered only to enrolled Shawnee Tribe members while I am not enrolled. The effective date of my relinquishment is the date that the Shawnee Tribe Business Committee authorizes the Enrollment Department to process this relinquishment request and remove my name from the Tribal roll. I further understand that I am obliged to return my Shawnee Tribe membership card with this form to the following address:

Shawnee Tribe Enrollment Department
 Shawnee Tribe
 PO Box 189
 Miami, OK 74355

 Signature of person relinquishing, if not a minor
 Signature of legal guardian for person relinquishing, if a minor

 Date

Subscribed and sworn before me this _____ day of _____, 20____, by _____
 _____ Notary Public in the County of _____
 in the state of _____, with notary number _____;
 my commission expires _____.

Effective Date: _____ Approved by Business Committee on _____
 by Resolution No. _____

 Enrollment Committee Chair

 Date