

Absentee Shawnee Tribe of Oklahoma
Enrollment Office



Director
Carly Dyer

Enrollment Staff
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Enrollment Clerk
Kim Little Axe

Enrollment Staff
Shelby Raines

Conditional Membership Relinquishment On Behalf of a Minor

****Please attach a copy of your State ID and Return your CDIB with this form. ****

I, _____ hereby apply to relinquish the membership of
_____ DOB: _____, a minor, including all benefits and
privileges of Absentee Shawnee Tribal members, in the **ABSSENTEE SHAWNEE TRIBE OF OKLAHOMA**. It is understood
that this relinquishment is contingent upon my being accepted into membership of the
_____ Tribe. If for some unanticipated reason this minor is not accepted into
membership of said tribe I understand that this minor's membership in the **Absentee Shawnee Tribe** will remain intact. I
further understand that said minor upon reaching the age of Eighteen (18) will be given the option of enrolling with the
Absentee Shawnee Tribe should this relinquishment become effective, and should said minor be otherwise eligible for
Absentee Shawnee membership.

Signature: _____

Date: _____

Address: _____

Witnessed:

Name: _____

Address: _____

Signature: _____

NOTARY PUBLIC USE ONLY

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

NOTARY STAMP

My Commission Expires: _____