



ABSENTEE SHAWNEE TRIBE OF OKLAHOMA
ENROLLMENT DEPARTMENT
 2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801
 Phone (405) 275-4030 ♦ FAX (405) 716-6421

Voluntary Membership Relinquishment Form

Note: by signing and turning in this document you are severing your ties without being accepted into another tribe.

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

I, _____ hereby apply to relinquish my membership, including all benefits and privileges of Absentee Shawnee Tribal members, in the **ABSENTEE SHAWNEE TRIBE OF OKLAHOMA.**

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: _____