

Absentee Shawnee Tribe of Oklahoma
Enrollment Office



Director
Carly Dyer

Enrollment Staff
Melissa Hill

Enrollment Clerk
Kim Little Axe

Enrollment Staff
Shelby Raines

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: _____