



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

Conditional Membership Relinquishment Form

(Note: by signing and turning in this document you are severing your ties with intentions to be enrolled with another tribe. You will not be relinquished until our office receives a formal response with resolution from the tribe that you are officially a member).

**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**. It is understood that this relinquishment is contingent upon my being accepted into membership of

_____. If for some unanticipated reason I am not accepted into membership of said tribe I understand that my membership in the Absentee Shawnee Tribe will remain intact.

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

My Commission Expires: _____

NOTARY STAMP