



**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 On Behalf of a Minor

\*\*Please attach a copy of your child's State ID and Return your child's 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 **ABSENTEE 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: \_\_\_\_\_