Relinquishment of Tribal Membership Request Instructions

GENERAL:

- By submitting this form, you are requesting that your Tribal Membership with the Oneida Nation of Wisconsin be relinquished.

- The request will be reviewed by the Trust Enrollment Committee and then go to the Business Committee for final approval.

- Upon approval, you will no longer be eligible for services/benefits of Tribal Members, which may include but not limited to: Per Capita Payments, Housing, and/or Higher Education Funding.

REQUEST REQUIREMENTS:

❑ *Relinquishment of Tribal Membership Request*
   - Complete Section 1
   - Sign & Date Section 2 in the presence of a Notary Public

❑ *Fee*
   - Submit payment of $10.00
   - Please do not mail cash
   - Make check or money order payable to: Oneida Trust Enrollment Department
   - Fee is non-refundable

❑ *Submit the above items to the Oneida Trust Enrollment Department*

Trust Enrollment Department
PO Box 365, Oneida WI 54155
(920) 869-6200 * 1-800-571-9902
Fax: (920) 869-2995
Enrollments@oneidanation.org
https://oneida-nsn.gov/resources/enrollments/

ONEIDA

Relinquishment of Oneida Nation Membership Request

SECTION 1: MEMBER INFORMATION

Roll Number: _____ Birth Date: _____ Social Security Number: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____
        STREET OR PO BOX   APT   CITY   STATE   ZIP

Reason for Relinquishment: _____

_____

SECTION 2: MEMBER SIGNATURE AND NOTARIZATION

I, the undersigned, hereby request Relinquishment from the Oneida Nation. This cancellation of membership is made with the full understanding that henceforth I shall cease to hold any RIGHTS, TITLE AND INTEREST to TRIBAL ASSETS of said Tribe. I further request that my name be removed from the Tribal MEMBERSHIP and any other Tribal Roll of said Tribe.

Signature: _____ Date: _____

CERTIFICATE OF NOTARY PUBLIC OR ONEIDA ENROLLMENT OFFICIAL

Subscribed and sworn to before me this _____ day

of _____, _____

(SEAL/STAMP)

Notary Signature: _____

My Commission Expires: _____

SECTION 3: APPROVAL

OFFICE USE ONLY
Attach copies of minutes with approval/disapproval. File.

REVISED 2017 01 02