



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 are not limited to: GWA payments, Housing, and/or Higher Education Funding.

REQUEST REQUIREMENTS:

Submit all items to the Oneida Trust Enrollment Department.

☐ **Relinquishment of Tribal Membership Request form**

- Complete Section 1.
- Sign & date Section 2 in the presence of a Notary Public.

☐ **Fee**

- Submit payment of \$ 50.00. In person, we accept all payments.
- Please do not mail cash, mail check or money orders. Make payable to Oneida Trust Enrollment Dept.
- Fee is non-refundable.



Relinquishment of Oneida Nation Membership Request

SECTION 1: MEMBER INFORMATION

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

First: _____ MI: _____ Last Name: _____

Address: _____

SECTION 2: EXPLANATION

SECTION 3: 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

(SEAL/STAMP)

Subscribed and sworn to before me this _____ day

of _____,

Notary Signature: _____

My Commission Expires: _____

OFFICE USE ONLY

Attach copies of Oneida Trust Enrollment Committee minutes with approval/disapproval. File.

☐ Paid: _____ (amt recv'd)

Initials: _____