Relinquishment from the Keweenaw Bay Indian Community

I, _____, enrollment # _____, an adult person, do hereby sever my tribal relations with the Keweenaw Bay Indian Community. I am relinquishing my membership (list your reasons, if any)

_____

_____

_____

_____

This cancellation of my membership is made freely and voluntarily with the full understanding that henceforth I shall cease to hold membership in the Keweenaw Bay Indian Community, and that I will no longer be eligible for benefits I am entitled to as a member of the Keweenaw Bay Indian Community.

_____

Signature of person relinquishing membership

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

Address _____

City/State _____ Zip _____

STATE OF _____

COUNTY OF _____

subscribed and sworn to be for on this _____ day of _____, 20____.

_____

NOTARY PUBLIC

My Commission Expires _____

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

Date of approve by the Enrollment Board of the Keweenaw Bay Indian Community

_____ _____

Day Month Year Entered By