



Stockbridge-Munsee Community

Band of Mohicans

Land & Enrollment Department

P.O. Box 70 • N8502 Moh He Con Nuck Road • Bowler, WI 54416

Phone: 715-793-4677 or 715-793-4671 • Fax: 715-793-5097

RELINQUISHMENT OF TRIBAL MEMBERSHIP REQUEST

Section 1: Requestor Information

Enrollment Number: _____ Date of Birth: _____ SS#: _____

Name: _____
Last First Middle Maiden (if applicable)

Address: _____
Street or P.O. Box Apt # City State Zip

Reason for Relinquishment: _____

Section 2: Requestor Signature & Notarization

I, the undersigned, hereby request relinquishment from the Stockbridge-Munsee Community Band of Mohicans Tribe. 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
The above named person(s) came before me
This _____ day of _____, 20 ____.

NOTARY PUBLIC Signature
My commission expires: _____

Section 3: Loan Dept. & Education Dept. **OFFICE USE ONLY** Please forward any correspondents (if applicable) to the Land & Enrollment Department.

Loan Dept. Signature: _____ Date: _____

Education Dept. Signature: _____ Date: _____

(Land & Enrollment Dept.: Attach a copy of Tribal Council Directives with approval/disapproval)