



Stockbridge-Munsee Community

ENROLLMENT DEPARTMENT

P.O. Box 70 • N8476 Moh He Con Nuck Road • Bowler, WI 54416
Phone: (715) 793-4677, (715) 793-4671 or (715) 793-3049 • Fax: (715) 793-1307

RELINQUISHMENT OF TRIBAL MEMBERSHIP REQUEST

MEMBER INFORMATION

Enrollment No: _____ DOB: _____ SSN: _____

Full Name: _____

Last First Middle Suffix/Maiden

Address: _____

P.O. Box or Street Apt.

City State Zip

Primary Phone: (_____) _____ Email: _____

RELINQUISHMENT INFORMATION

1. Have you applied for enrolled with another tribe? ____ Yes ____ No

2. If yes, list the tribe: _____

MEMBER 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 ASSESTS of said Tribe. I further request that my name be removed from the Tribal MEMBERSHIP and any other Tribal Roll of said Tribe. I acknowledge that the Enrollment Office will complete a debt inquiry to various Tribal Offices/Department regarding my status.

Signature: _____ Date: _____

CERTIFICATE OF NOTARY PUBLIC

The above-named person(s) came before me
This ____ day of _____, 20 ____

NOTARY PUBLIC Signature
My commission expires: _____

OFFICE USE ONLY

Stockbridge-Munsee Community Office/Department Verification

Please forward any correspondents (if applicable) to the Enrollment Department.

Office/Department Name: _____ Date: _____

Debt Owed: ____ Yes ____ No If yes list the Amount: _____ Land Assignment: ____ Yes ____ No