



TRIBAL MEMBERSHIP RELINQUISHMENT FORM

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	
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MAILING ADDRESS	CITY	STATE	ZIP
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CELL PHONE	DAY PHONE	EMAIL ADDRESS
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I, _____ freely and voluntarily terminate my membership with Nome Eskimo Community as a tribal member. I understand that any membership and tribal relations to Nome Eskimo Community are hereby severed and that, upon relinquishment, I will no longer be eligible for benefits that are specific to members only.

I am relinquishing my membership for the following reason(s):

SIGNATURE	DATE
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RECEIVED BY	DATE
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