



Spirit Lake Tribe

Enrollment Department

PO Box 579 Fort Totten, ND 58335 Phone 701-381-0896 Fax 701-766-1284
Email: tribalenrollment@spiritlakenation.com

RELINQUISHMENT OF TRIBAL MEMBERSHIP

I, _____, Date of Birth _____
Name

Shown as 303 of the Spirit Lake Tribe, do hereby request that my
Enrollment #

Membership in such Tribe be terminated subject to the acceptance of my application for membership in the _____ Tribe and that my name be stricken from the SPIRIT LAKE TRIBAL ROLL. It is my desire that I have no further affiliation with the SPIRIT LAKE TRIBE and that I will take no part in local tribal affairs. I hereby relinquish and surrender any and all rights, title and interest that I may have in any undistributed property or assets of the SPIRIT LAKE TRIBE. I understand that I will no longer be eligible for benefits entitled to a member of the SPIRIT LAKE TRIBE.

Dated this ____ day of _____, 20____

Signature of Enrolled Member

Address

Subscribed and sworn to before me this ____ day of _____, 20____

Notary Public

County/State

My commission expires _____