

RELINQUISHMENT OF TRIBAL MEMBERSHIP FORM

General

- Any member eighteen (18) years of age and older may willingly give up their membership through a relinquishment of tribal membership form filed with the St. Paul Island Tribal Council.
- No member under the age of eighteen (18) may relinquish their membership, or have their membership relinquished by a parent, guardian, or any other person representing their interests.
- Responsible adult tribal members may not relinquish membership on behalf of handicapped and/or mentally incompetent persons.
- Relinquishment of a tribal membership shall not affect membership based on lineal descendancy for any such person's descendants.
- Upon relinquishment, you will no longer be eligible for services or benefits of Tribal members, which may include but not limited to social services, housing, and higher education funding.

Relinquishment Process

- Complete Relinquishment of Tribal Membership Form – sign & date in the presence of a Notary
- Return unexpired Tribal ID Card to be destroyed, if applicable.
- Submit above items to:

Aleut Community of St. Paul Island
ATTN: Tribal Enrollment
2050 Venia Minor Rd., PO Box 86
St. Paul Island, AK 99660
Email: tribalenrollment@aleut.com

- Completed forms are forwarded to the Tribal Council for final approval at regular meetings of the Tribal Council held quarterly.
 - Tribal Enrollment will notify you in writing when you are taken off the Tribal Membership Roll.
-

Resolution Number: _____

Date Relinquished: _____

RELINQUISHMENT OF TRIBAL MEMBERSHIP FORM

All fields must be completed.

Tribal Member Information

Full Legal Name:			
Maiden/Other Name:		Date of Birth:	
Social Security Number:		Enrollment Number:	
Email Address:		Phone Number:	
Mailing Address:			
Physical Address:			
City:		State:	Zip:
Reason(s) for relinquishment:			
Tribal ID card returned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain why:	

Signature and Notarization

I hereby request relinquishment from the Aleut Community of St. Paul Island Tribe. This request for cancellation of membership is made with the full understanding that henceforth I shall cease to hold any rights, titles, and interests 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

State of _____
Judicial District (or County of _____
Or Municipality of _____

(SEAL/STAMP)

The foregoing instrument was acknowledged before me this _____ (date) by _____
(name of person who acknowledged).

Signature of Person Taking Acknowledgement
Title or Rank
Serial Number, if any

My Commission Expires: _____

Approval

OFFICE USE ONLY
Attach copy of resolution with approval/disapproval. File.