



Walker River Paiute Tribe

1022 Hospital Road • P.O. Box 220 Schurz, Nevada 89427

Telephone: (775) 773-2306

Fax: (775) 773-2585

NOTICE OF RELINQUISHMENT

I, _____ (print), do hereby declare that I am relinquishing my/my child's membership with the Walker River Paiute Tribe. This relinquishment of my membership is made freely and voluntarily with the full understanding that henceforth, I shall cease to hold membership in the Walker River Paiute Tribe.

(Note) Per WRPT Enrollment Ordinance 13-30-020 (c): No person shall be eligible for membership in the Walker River Paiute Tribe if such person has relinquished membership in the Walker River Paiute Tribe, unless such person was a minor at the time of relinquishment, in which case, at the age of (18) eighteen, such person may be eligible to reapply for membership.

I am relinquishing my/my child's membership for the following reason(s) (optional):

Notarized Signature	Relationship	Date

Subscribed and sworn before me this _____ day of _____ 20____
by _____

Notary Public

THE AREA BELOW IS FOR TRIBE USE ONLY

CERTIFICATION

Membership Roll Number: _____

Tribal Council Review Date: _____

Council Resolution Number: _____

Date Member Notified: _____

Date BIA Notified: _____

Date another Tribe Notified: _____

Date Noted on Membership Roll: _____

Date Noted on BIA Roll: _____

Date Filed: _____

Dually Enrolled with another Tribe: ____ Yes ____ No