



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 and no longer be eligible for benefits entitled to as a member of the Tribe.

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

(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.

Mailing Address City State Zip

Notarized Signature Relationship Date

State of _____

County of _____

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 Filed: _____

Dually Enrolled with another Tribe: ___ Yes ___ No