



# 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