

WINNEBAGO TRIBE OF NEBRASKA
ENROLLMENT DEPARTMENT

Phone: 402-878-2028

1030 Buffalo Trail Suite 110 PO Box 687 Winnebago, NE 68071

Fax: 402-878-2024

CONDITIONAL RELINQUISHMENT REQUEST

I, _____, born on _____ shown as number 383-U0_____ of the Winnebago Tribe of Nebraska do hereby request that my membership in the Winnebago Tribe of Nebraska be terminated subject to the application for membership with the _____ Tribe. I understand that my name will be stricken from the Winnebago Tribe of Nebraska's membership roll if my application for membership with the _____ Tribe is approved. Once approved by the _____ Tribe, I will have no further affiliation with the Winnebago Tribe of Nebraska and that I will no longer take any part of local tribal affairs. Once accepted as a member of the _____ Tribe, I hereby relinquish any and all rights, titles, and interest that I have in any undistributed property or assets of the Winnebago Tribe of Nebraska. I fully understand that once I am relinquished from the Winnebago Tribe of Nebraska, I am ineligible to re-enroll for membership with the Winnebago Tribe of Nebraska ever again.

Dated This _____ day of _____, 20____.

Signature

Sworn to before me on this _____ day of _____, 20____.

Notary Public Signature

(Seal)

FOR ENROLLMENT OFFICE USE ONLY

Enrollment office received on: _____

Enrollment Committee reviewed on: _____

Tribal Council Decision: _____

Date: _____