

RELINQUISHMENT OF TRIBAL MEMBERSHIP FORM INSTRUCTIONS

- ❖ Any tribal member 18 years of age and older may voluntarily give up his/her right to membership in the Aleut Community of St. Paul.
- ❖ No member under the age of 18 may relinquish their membership, or have their membership relinquished by a parent, guardian, or any other person representing their interests.
- ❖ Representatives of handicapped or mentally incompetent persons may not relinquish their membership.
- ❖ Relinquishment of a tribal membership shall not affect membership based on lineal descendency for any of their descendants.

RELINQUISHMENT PROCESS

- Complete and sign Relinquishment of Tribal Membership Form in the presence of a **Notary Public**
- Return tribal identification card to be destroyed, if applicable

The relinquishment process can take up to three months once a completed form is received. Completed forms are reviewed by the Enrollment Committee and then forwarded to the Tribal Council for their approval at regularly scheduled meetings. Former members will be notified in writing when they are taken off the Tribal Membership Roll.

SUBMITTING FORMS Completed forms can be submitted by mail, email, or in person to Aleut Community of St. Paul Island, ATTN: Tribal Enrollment.

Mail: PO Box 86, St. Paul Island, AK 99660

Email: tribalenrollment@aleut.com

Hand Delivery: 2050 Venia Minor Rd (St. Paul) or 4720 Business Park Blvd, Suite G-42 (Anchorage)



Date Received: _____
Resolution Number: _____
Date Relinquished: _____
Entered By: _____

RELINQUISHMENT OF TRIBAL MEMBERSHIP FORM

I, _____, the undersigned, an enrolled
(Print full legal name)
member of the Aleut Community of St. Paul Island hereby requests to relinquish all benefits, rights, title, and interest which I may have as a member of the Aleut Community of St. Paul Island. This relinquishment of tribal membership shall become effective on the date that it is approved by the Aleut Community of St. Paul Island Tribal Council.

Reason for Relinquishment: _____

Enrollment Number: _____ Date of Birth: _____ Social Security Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Tribal Identification Card Returned? Yes No

If no, please explain: _____

Signature of Member Relinquishing

Date

NOTARIZATION REQUIRED

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on _____ day of _____, 20_____

(STAMP/SEAL)

Notary Signature

Notary Printed Name: _____

My Commission Expires: _____