



Nome Eskimo Community  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-2246  
 Fax (907)443-9144



### TRIBAL RELINQUISHMENT FORM

Name (print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

I, \_\_\_\_\_ freely and voluntarily terminate my membership with Nome Eskimo Community as a tribal member. I understand that any membership and tribal relations to Nome Eskimo Community is severed, and upon relinquishment, and will no longer be eligible for benefits that are specific to members only.

I am relinquishing my membership for the following reason(s);

Signature

Date

Received By:

Date:

Revised 7/18/2013