

PEORIA TRIBE OF INDIANS OF OKLAHOMA  
118 S Eight Tribes Trail (918) 540-2535 FAX (918) 540-2538  
PO Box 1527  
Miami, Oklahoma 74355

**CONDITIONAL TRIBAL MEMBERSHIP RELINQUISHMENT  
ON BEHALF OF A MINOR**

I, \_\_\_\_\_, do hereby petition and apply to relinquish  
(custodial parent or legal guardian print name)  
the Tribal membership of \_\_\_\_\_, a minor, with roll number \_\_\_\_\_  
(print name of child)

Date of birth \_\_\_\_\_, and Social Security Number \_\_\_\_\_, from the  
Peoria Tribe of Indians of Oklahoma. I hereby expressly waive all privileges, including  
any and all rights and benefits now existing or which may accrue to members of the  
Peoria Tribe.

I fully understand that this relinquishment is contingent upon acceptance into  
membership of the \_\_\_\_\_ Tribe. If for some reason he/she is not  
accepted into membership of the \_\_\_\_\_ Tribe I understand that  
his/her membership in the Peoria Tribe of Indians of Oklahoma will remain intact.

I further understand, per the Enrollment Ordinance; Section 3 (b):

“Any Peoria tribal member who relinquishes their membership with the Peoria  
Tribe will not be eligible for re-enrollment with the Peoria Tribe, provided the  
following:

- (b) Any minor (under 18 years of age) whose membership with the Peoria  
Tribe is relinquished, shall be eligible to apply for membership with  
the Peoria Tribe through regular application procedures, upon  
attaining their majority.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Custodial Parent or Legal Guardian)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

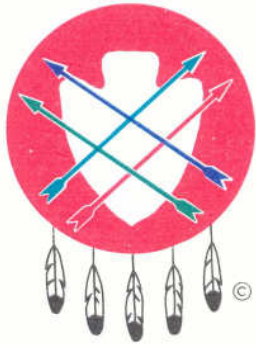
Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

AFFIX SEAL HERE



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## CONDITIONAL TRIBAL MEMBERSHIP RELINQUISHMENT

I, \_\_\_\_\_, an enrolled member of the Peoria Tribe of Indians  
(Print Name)  
of Oklahoma, with roll number \_\_\_\_\_ Date of Birth \_\_\_\_\_, and  
SS # \_\_\_\_\_ do hereby petition and apply to relinquish my Tribal  
Membership from the Peoria Tribe. I hereby expressly waive all privileges, including  
any and all rights and benefits now existing or which may accrue to members of the  
Peoria Tribe.

I fully understand that this relinquishment is contingent upon being accepted into  
membership of the \_\_\_\_\_ Tribe. If for some reason, I am not  
(Print Tribe)  
accepted into membership of the \_\_\_\_\_ Tribe, I understand  
(Print Tribe)  
that my membership in the Peoria Tribe of Indians of Oklahoma will remain intact. I  
further understand that any member of the Peoria Tribe of Indians of Oklahoma who  
relinquishes membership in the Peoria Tribe of Indians of Oklahoma will not be eligible  
for re-enrollment with the Peoria Tribe.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zipcode)

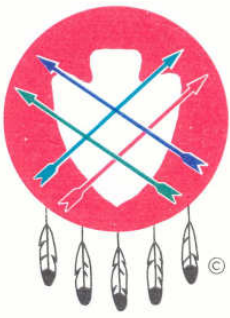
Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

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 the Tribal membership of \_\_\_\_\_, a minor, with roll number \_\_\_\_\_  
 (print name of child)

Date of birth \_\_\_\_\_, and Social Security Number \_\_\_\_\_, from the  
 Peoria Tribe of Indians of Oklahoma. I hereby expressly waive all privileges, including  
 any and all rights and benefits now existing or which may accrue to members of the  
 Peoria Tribe.

I fully understand that this relinquishment is contingent upon acceptance into  
 membership of the \_\_\_\_\_ Tribe. If for some reason he/she is not  
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I further understand, per the Enrollment Ordinance; Section 3 (b):

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 attaining their majority.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Custodial Parent or Legal Guardian)

\_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City)

\_\_\_\_\_  
 (State)

\_\_\_\_\_  
 (Zip code)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

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