

Relinquishment of Standing Rock Sioux Tribal Membership

I, _ (print) _____, born on, _____ whose Enrollment Identification Number is 302-U _____ of the Standing Rock Sioux Tribe, being of lawful age and sound mind, do hereby request that my membership in the Standing rock Sioux Tribe be terminated; subject to the acceptance of my application for membership into the _____ Tribe and that my name be stricken from the Tribal Roll.

It is my desire that I have no further affiliation with the Standing Rock Sioux Tribe and I will take no part in local Tribal affairs. I hereby relinquish and surrender any and all rights, title, and interest that I may have in any undistributed property and/or assets of the Standing Rock Sioux Tribe.

Furthermore, I understand that once my membership is relinquished with the Standing Rock Sioux Tribe, I will be prohibited from re-enrollment in the Tribe for a period of no less than a 20 years, as stated in the Tribal Enrollment Ordinance No. 311-09.

Member Signature

Mailing Address

Phone Number

State of _____ County of _____

Subscribed and Sworn before me this _____ day of _____, 20 _____,

Notary Public

My commission expires:

(SEAL/STAMP)

NOTE: Attach a letter of eligibility from the Tribe for which you are applying • DO NOT FAX ~ Mail this original notarized form to: SRST Enrollment Dept., PO Box D, Fort Yates, ND 58538