

PONCA TRIBE OF NEBRASKA
Enrollment Dept.

PO Box 288 Niobrara, NE 68760
402-857-3391 Ex: 3 Fax: 402-857-3771

DATE _____

ABSOLUTE RELINQUISHMENT

I, _____, hereby voluntarily relinquish my membership and all rights to any privileges or benefits which I may have had as a member of the **PONCA TRIBE OF NEBRASKA**. I am making this relinquishment voluntarily and I understand that I will no longer be considered a member of the Ponca Tribe of Nebraska or be entitled to any of the benefits or privileges accorded other members of the Ponca Tribe of Nebraska.

I acknowledge that, according to Section 7-3(a) of the Ponca Tribe of Nebraska Enrollment Ordinance, this relinquishment shall become effective the date it is received in the Enrollment Office. I also acknowledge that according to Section 7-6 of the same ordinance, I will not be considered for re-enrollment with the Ponca Tribe of Nebraska for a period of three (3) years from the date of my relinquishment. After the three (3) year period, if I desire to be a member of the Ponca Tribe of Nebraska, I understand that I will have to re-apply and meet all requirements to be considered and eligible for re-enrollment with the Ponca Tribe of Nebraska.

Signature

On _____, before me, the above-named person personally appeared and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same, and that by his/her signature on the instrument the person executed the instrument.

Notary Public

SEAL

THE ENROLLMENT COMMITTEE HAS BEEN INFORMED AND RELINQUISHMENT TOOK PLACE UPON RECEIPT OF THIS FORM, PER SECTION 7-3)1 OF THE PONCA TRIBE OF NEBRASKA ENROLLMENT ORDINANCE.

DATE

ENROLLMENT COMMITTEE MEMBER

ENROLLMENT COMMITTEE MEMBER