



Little Traverse Bay Bands of Odawa Indians
 Enrollment Office
 7500 Odawa Circle
 Harbor Springs, MI 49740
 (231) 242-1521 * (231) 242-1520



Do Not Fax This Form

Adult Relinquishment

I _____, Date of Birth _____ hereby relinquish my membership with Little Traverse Bay Bands of Odawa Indians. I am relinquishing my membership for the following reasons: _____

This cancellation of my membership is made freely and voluntarily with the full understanding that I shall cease to hold membership with Little Traverse Bay Bands of Odawa Indians. I will no longer be eligible for benefits and services.

I understand that my relinquishment form will be forwarded to the Tribal Council at its next scheduled meeting and that my relinquishment shall become effective on the date of Tribal Council acceptance.

Once removed from the LTBB Tribal Membership roll I shall not be eligible for re-enrollment for a period of five (5) years.

 Name

 Date

 Notary Public

I, _____, a Notary Public for the State of _____
 County of _____ do hereby certify that _____ provided proper identification that clearly identifies the person who executed the foregoing instrument as the above named individual. Subscribed and sworn to me this ___ day of _____, 20_____.

Stamp
 Seal

 Notary Public Signature
 My Commission Expires on _____