



DELAWARE NATION ENROLLMENT

P.O. BOX 825*ANADARKO OK 73005*PHONE: 405-247-2448/FAX: 405-247-9393

CONDITIONAL RELINQUISHMENT

I _____, hereby relinquish my membership and all rights or title to any privileges or benefits which I may have had as a member of The Delaware Nation, based upon my acceptance as a member of the _____ Tribe. If such enrollment is not approved by the _____ Tribe I may reapply with The Delaware Nation.

This relinquishment is voluntarily and I understand that I will no longer be considered a member of The Delaware Nation, or be entitled to any of the benefits or privileges of this tribe.

SIGNATURE

Subscribed and sworn to, before me this _____ day of _____ 20____.

NOTARY PUBLIC

My commission expires _____.