AFFIDAVIT OF RELINQUISHMENT

I, ______, an adult person do hereby apply to sever my Tribal relations with the *TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA*. I am relinquishing my membership with the Tribe for the following reasons: (List your reasons)

My request to cancel my membership is made freely and voluntarily with the full understanding that henceforth, I shall cease to hold membership in the *TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA*, and that I will no longer be eligible for benefits I am entitled to as a member of the Tribe.

SIGNATURE		MAILING ADDRESS		
	CITY	STATE	ZIP CODE	
State of:)) ss.				
County of:)				
On this day of	, 20,	personally appeare	ed before me, at	
Notary Public, in and for the county and state aforesaid	,			
known to me or who provided to me to be the perso	on describ	ed in and who exec	uted the foregoing	
instrument; who acknowledged to me that (s)he execut	ed the sam	e freely and voluntar	ily and for the uses	
and purposes therein mentioned.				

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate above written.

(SEAL)

NOTARY PUBLIC