THE HOPI TRIBE

Lamar B. Keevama
CHAIRMAN

Mikah H. Kewanimptewa, Sr.
VICE-CHAIRMAN

NOTICE OF RELINQUISHMENT

DATE: _____
TO: The Hopi Enrollment Office

NOTICE IS HEREBY GIVEN that I relinquish my membership from the Hopi Tribe:

Name of Person: _____ Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Enrollment #_____

Reason for Relinquishment: _____
_____

Effective Date: ☐ Immediate ☐ Conditioned upon _____

The Hopi Enrollment Ordinance #33, Section 11.1 (A) states "Any adult member who decides to relinquish his or her membership from the Hopi Tribe shall so notify the Hopi Tribal Enrollment Office in writing, stating the reasons for relinquishment. The relinquishment shall be effective as of the date of its receipt by the Enrollment Office, unless the relinquishment itself states otherwise. The Enrollment Office shall provide a copy of the notice of relinquishment to the Hopi Tribal Council and to the member's Village affiliation. Only an adult member of the Hopi Tribe may relinquish his or her membership."

I understand the above and knowingly and voluntarily submit this Notice of Relinquishment.

_____ _____
Signature of Person Date

STATE OF: _____
COUNTY OF: _____

SUSCRIBED AND SWORN TO, before me this _____ day of _____, _____

Signature of Notary Public: _____
My Commission Expires: _____

8/2026