Chevak Traditional Council
P.O. Box 140 | 200 Aurora Street
Chevak, Alaska 99563
info@chevaktc.gov | www.chevaktc.gov

RELINQUISHMENT FORM

Full Name _____ Date of Birth _____

Mailing Address _____ Enrollment # _____

City, State, Zip _____ Phone _____

Reason(s) for relinquishment _____

I hereby request relinquishment from the Chevak Native Village Tribe. This request for cancellation of membership is made with full understanding that henceforth I shall cease to hold services that may be provided from Chevak Native Village.

_____ _____

Signature Date

Completed forms are forwarded to the Tribal Council for final approval at regular meetings of the Tribal Council held monthly.

ACTION

☐ APPROVED ☐ DENIED Reason if Denied _____

_____ _____

Approving Authority Date