



Chevak Traditional Council
 P.O. Box 140 | 200 Aurora Street
 Chevak, Alaska 99563
 P 907-858-7428 | F 907-858-7812
info@chevaktc.gov | www.chevaktc.gov

RELINQUISHMENT

Full Name	_____	Date of Birth	_____
Mailing Address	_____	Enrollment #	_____
City, State, Zip	_____	Phone	_____
Email	_____		
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