

OSAGE NATION  
MEMBERSHIP DEPARTMENT  
PO BOX 488  
PAWHUSKA, OK 74056  
(918) 287-5389

RELINQUISHMENT REQUEST

I, \_\_\_\_\_, born on \_\_\_\_\_

of the Osage Nation, do hereby request that my Membership in the Osage Nation be terminated. I fully understand that once I am relinquished from the Osage Nation, I am eligible to reapply for Membership with the Osage Nation one time only.

I will return my issued Membership card to the Osage Nation Membership Department along with this Relinquishment Request.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
# \_\_\_\_\_  
Notary Public

Commission expires \_\_\_\_\_

*FOR OFFICE USE ONLY*

\_\_\_\_\_  
Membership Director

Membership # \_\_\_\_\_

Date: \_\_\_\_\_