

Hoopa Valley Tribe Enrollment Department

Post Office Box 1348 Hoopa, California 95546
Phone (530)-625-4364 Fax (530)-625-4947
hvttenroll@yahoo.com

Hoopa Valley Tribe



Relinquishment Statement

I, _____, hereby relinquish my tribal membership. This includes all benefits and privileges which I may have been entitled to as a member of the Hoopa Valley Tribe. I am making this relinquishment voluntarily. I understand that I will no longer have citizenship, nor voting privileges with the Hoopa Valley Tribe.

Pursuant to the Enrollment Ordinance, Section 4.2, my relinquishment is final.

With an EXCEPTION made for minor children, provided a parent or guardian relinquishes their rights as a Hoopa Valley Tribal member. Thereafter, when this minor reaches an age of maturity, they can re-apply for enrollment in the Hoopa Valley Tribe.

Dated this _____ day of _____, 202_____

Name: _____

DOB: _____ Hoopa Roll #: _____

Address: _____

Social Security: _____

Notary Stamp, please attach affidavit



Tribal member Signature

Subscribed and sworn before me this

_____ day of _____, 20_____

Notary Public

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Release of Information

I, _____ HRN# _____

give the Hoopa Valley Enrollment Department permission to conduct a complete financial background check within the Hoopa Valley Tribe. This information will be used to determine relinquishment eligibility.

Please Initial all departments:

_____ Hoopa Valley Housing Authority
_____ Hoopa Valley Credit Department
_____ Hoopa Valley Enterprise (Mini Mart, Storage and Shopping Center)
_____ Hoopa Valley Roads Department
_____ Hoopa Tribal Education

I understand that I will not be able to relinquish my rights as a tribal member until all outstanding debts are paid in full.

Signature

Date