



# Gwich'inat Eenjit Gàdatr'igwìjìlcheii Gidilii

## Gwich'in Tribal Council

### APPLICATION TO CEASE TO BE ENROLLED IN THE GWICH'IN COMPREHENSIVE LAND CLAIM

APPLICANT INFORMATION				
First Name(s)			Last Name	
APPLICANT MAILING ADDRESS				
P.O. Box	Apt./Unit	Street No.	Street Name	
City/Town		Country	Province/State	Postal Code
<p>I, _____, declare that;</p> <p style="text-align: center;">(Print Name of Applicant)</p> <ol style="list-style-type: none"> <li>1. I am enrolled as a participant pursuant to Chapter 4 of the Gwich'in Comprehensive Land Claim Agreement; and</li> <li>2. I am associated with the community of _____, NWT; and</li> <li>3. My Enrolment Number is _____, and</li> <li>4. I am of the age of majority; and</li> <li>5. I would like to cease to be enrolled as a participant pursuant to Chapter 4 of the Gwich'in Comprehensive Land Claim Agreement effective immediately; and</li> <li>6. I would like my name removed from the Gwich'in Enrolment Registry; and</li> <li>7. I understand and agree that this is a onetime withdrawal and I will NOT be entitled to any rights, benefits, interests or privileges accorded to Gwich'in, now or in the future, pursuant to the Gwich'in Comprehensive Land Claim Agreement, or according to the Gwich'in Tribal Council policy or directives.</li> <li>8. <input type="checkbox"/> I was provided with a Gwich'in ID Card and I shall return this card to the Gwich'in Enrolment Office.</li> <li>9. <input type="checkbox"/> I was not provided with a Gwich'in ID Card.</li> </ol>				
APPLICANT SIGNATURE				
_____		_____		
Signature of Applicant		Date (MM-DD-YYYY)		
_____		_____		_____
Print Name of Witness		Signature of Witness		Date (MM-DD-YYYY)

FOR OFFICE USE ONLY	
Date Received	
Date Reviewed by the GTC Board	
Date Accepted by the GTC Board	