



Eastern Band of Cherokee Indians

Tribal Enrollment Office

PO Box 2069

Cherokee, NC 28719

Toll Free #: (800)357-2771 Phone #: (828)554-6464 Fax: (828)554-6468

PER CAPITA WAIVER AUTHORIZATION

DATE: _____

I, _____, being fully advised of my rights and without any threats or undue influence, do hereby waive, surrender and release all of my rights to receive the entitlement of any gaming per capita distribution from the Eastern Band of Cherokee Indians.

It is my intention that this release given to the Eastern Band of Cherokee Indians shall be a gift and therefore I expect no consideration of any kind be given to me in return or in exchange for my execution of this document.

I fully understand that at no time in the future will I be able to reclaim any gaming per capita distribution from the Eastern Band of Cherokee Indians which I am waiving by signing this document.

This release and waiver will remain in effect until revoked, in writing, by the undersigned.

Member Information

Member Name:			Maiden if applicable:		
Enrollment #:		Social Security #:		D/O/B:	
Member Signature:				Date:	

Per Capita Waiver Notary Section

State of: _____

County of: _____

On this the ___ day of _____, 20___, before me, _____, the undersigned Notary Public for _____ County, personally appeared:

____: Personally known to me or

____: Proved to me on the basis of satisfactory evidence

Name of Signer

To be the person(s) whose name(s) is subscribed to within this instrument, and acknowledged to me that he/she executed the same for the purposes therein stated.

Witness my hand and official seal.

Notary Public

Signature: _____

Print Name: _____

My Commission expires: _____

FOR ENROLLMENT OFFICE ONLY

Received By:	_____
Date Received:	_____
W9 Date:	_____

Place Notary Seal and/or Any Stamp Above