

# Old Agency District

45644 Veterans Memorial Drive  
 PO Box 766 ~ Agency Village SD 57262  
 Phone: (605) 698-7747 ~ Fax: (605) 698-4216

## Relinquishment of "ADULT" District Membership

(One Year Waiting Period From Last Date of District Monetary Assistance)

First Name	MI	Last Name (Include Maiden)	
Date of Birth	Enrollment Number	Phone Number	
Mailing Address			

I do hereby request that my membership with the OLD AGENCY DISTRICT of the Sisseton-Wahpeton Oyate, be terminated subject to approval of my application for district membership with the \_\_\_\_\_ District.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Date Approved: District Motion Number:	District Chairman Signature:	District Secretary Signature:	
Date Received by Tribal Enrollment:	Enrollment Clerk Signature:	Date Approved By Tribal Council:	Tribal Council Motion #: