



Sisseton-Wahpeton Oyate

LAKE TRAVERSE RESERVATION

Enrollment Office

PO BOX 509

Agency Village, South Dakota 57262

Phone: 605.698.8360

Fax: 605.742.0076

YOUTH APPLICATION FOR DISTRICT MEMBERSHIP

NAME: _____, MAIDEN/ALIAS: _____

DATE OF BIRTH: _____, PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____, ENROLLMENT #: _____

ADDRESS: _____, PHONE #: _____
(P.O. BOX OR STREET)

(TOWN) (STATE) (ZIP CODE)

MOTHER: _____, FATHER: _____

I hereby request membership with (Name of District) _____ of the
LAKE TRAVERSE RESERVATION and do hereby certify that I am a member of the SISSETON WAHPETION SIOUX
TRIBE, that my birth date is correct and that I am not a member of any other district.

SIGNATURE: _____, DATE: _____

Approved by District Minutes of: _____

(Signature of District Chairman)

(Date)

(Signature of District Secretary)

(Date)

Concurred by Council Minutes of: _____

(Signature of Enrollment Office)

(Date)