

SISSETON WAHPETON OYATE MEDICAL CANNABIS COMMISSION TRIBAL MEMBER COMMISSIONER APPLICATION



APPLICANT INFORMATION

Name:	Date of Birth:
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Mailing Address (ALSO GET COPY ID):

City:	State:	Zip Code:
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Phone #:	Email Address:	Tribal Enrollment #:
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Physical Address (if different from mailing):

Area of Expertise (ALSO ATTACH CURRENT RESUME):

Governmental/Regulatory Affairs
 Business
 Law
 Agriculture
 Cannabis

Describe Experience or Knowledge in Area of Expertise:

Describe Educational Background:

Criminal Background Check (ALSO SUBMIT TO CRIMINAL BACKGROUND CHECK):

Have you ever been convicted of the following crimes?

- Convicted of a felony relating to controlled substances
Under State, Tribal, or Federal Laws

DECLARATION BY CANDIDATE

By placing your signature hereon, you understand that you are submitting your name as a candidate for one of the tribal member positions on the Medical Cannabis Commission of the Sisseton Wahpeton Oyate. You understand that you must submit this application and a resume to the Tribal Council and submit to a background check **PRIOR** to the close of business on **April 30th, 2022**. You also understand that special conflict of interest requirements apply that would prevent you from participating in any actions relating to applications, contracts licenses, or other businesses in which you have a personal, financial, or familial interest. Commission members are also prohibited during their tenure and for one (1) year thereafter from acquiring any interest, direct or indirect, in any project, property, contract, or proposed contract relating to a licensed cannabis project

Signature

Date