

Old Agency District

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

APPLICATION FOR "YOUTH" DISTRICT MEMBERSHIP Must Attached Tribal ID/Enrollment Verification

First Name	Middle Name	Last Name		
Date of Birth	Social Security Number	Enrollment Number		
Current Address: PO Box/Street		City	State	Zip Code
Place of Birth				
Mother's Name (Maiden Name)	District	Father's Name	District	
Maternal Grandmother	District	Paternal Grandmother	District	
Maternal Grandfather	District	Paternal Grandfather	District	

I hereby request on behalf of the above named youth, membership with the Old Agency District of the Lake Traverse Reservation and do certify that:

1. The above named child is a member of the Sisseton-Wahpeton Oyate.
2. The above named child is not a member of any other District or Tribe.
3. I am the parent/legal guardian of the above named child. (If legal guardian, must attach a copy of the court order.)

I UNDERSTAND WHEN THE ABOVE NAMED CHILD REACHES THE AGE OF 18 YEARS, THE OLD AGENCY DISTRICT WILL SUBMIT HIS/HER APPLICATION FOR ADULT MEMBERSHIP TO THE DISTRICT FOR APPROVAL.

 Parent/Legal Guardian Signature

 Date

Date Approved:	District Motion Number:
District Chairman Signature	District Secretary Signature
Date Received by Tribal Enrollment:	SWO Enrollment Clerk Signature