

# Lake Traverse District

P.O. Box 56 • Sisseton, SD 57262

Phone: (605) 694-2874 • Fax: (605) 694-2876



## APPLICATION FOR DISTRICT MEMBERSHIP

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I, \_\_\_\_\_ (alias/maiden) \_\_\_\_\_

Born \_\_\_\_\_ do hereby request membership with the Lake Traverse District of the Lake Traverse Reservation and do hereby certify that I am a member of the Sisseton-Wahpeton Sioux Tribe, that the birth date as stated is correct and that I am not a member of any other district.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Enrollment Number)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Mother / Father)

\_\_\_\_\_  
(Place of Birth)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Current Address)

\_\_\_\_\_  
(Town) (State / Zip Code)

\*\*\*\*\*

\_\_\_\_\_  
(Signature of District Chairman)

\_\_\_\_\_  
(Signature of District Secretary)

\_\_\_\_\_  
(Date Approved)

District Minutes Received By:

\_\_\_\_\_  
(Enrollment Clerk)

\_\_\_\_\_  
(Date)

Concurred By Council Minutes of \_\_\_\_\_  
(Date)