



# Sisseton-Wahpeton Oyate

LAKE TRAVERSE RESERVATION

P.O. Box 509

100 Veterans Memorial Drive

Agency Village, South Dakota 57262-0509

Phone: (605) 698-3911

## APPLICATION FOR DISTRICT MEMBERSHIP

NAME: \_\_\_\_\_, *Maiden/Aliases:* \_\_\_\_\_

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-WAHPETON OYATE, 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 Officer)*

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