

Sisseton – Wahpeton Oyate

Long hollow district YOUTH MEMBERSHIP

I, _____, _____, _____,
(First Name) (Middle Name) (Last Name/Maiden Name)

born _____, do hereby request youth membership with the Long Hollow District of Lake Traverses Reservation and do hereby certify that I am a member of the Sisseton-Wahpeton Oyate Tribe, that the birth as stated is correct and that I am not a member of any other district.

(Youths signature if over 10) (Date) (Youths SWO enrollment number)

(Signature of parent/guardian) (Date)

child of:

_____, member of, _____ District
(Mother include maiden name)

_____, member of, _____ District
(Father)

(Please Attach Birth Certificate or Legal Guardianship Documents)

(Signature of District Chairperson)

(Signature of District Secretary)

Concurred in District minutes of _____.
(Date)