

SISSETON-WAHPETON OYATE

LONG HOLLOW DISTRICT

YOUTH TO ADULT MEMBERSHIP

NAME: _____ DATE OF BIRTH: _____

SWO ENROLLMENT #: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ PHONE: _____
(P.O. Box or Street)

(Town) (State) (Zip Code)

I do hereby request transfer to adult membership with the Long Hollow District of Lake Traverse 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 requesting adult membership with any other district.

Signature of Member

Date

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Signature of District Chairman

Date

Signature of District Secretary

Date

Concurred in District Minutes of: _____