



ENEMY SWIM DISTRICT

13495 446th Ave.

P.O. BOX 15

WAUBAY SD 57273

PHONE: (605) 947-4319

FAX: (605) 947-4873

District E-Mail: esd@ndtribal.gov

DISTRICT MEMBERSHIP APPLICATION

Name: _____ Other name(s) used: _____

D.O.B.: _____ Place of Birth: _____

Enrollment #: _____ Phone #: () _____

Address: _____ (City) (State) (Zip)

Email address: _____

Mother: _____ Father: _____

I am from the ESD Youth Roster: Yes ___ No ___

I am from another SWO District: Yes ___ No ___ Which District: _____

I am from another Tribe: Yes ___ No ___ Which Tribe: _____

Please Attach Relinquishment Form from your District or Tribe. Application for Enemy Swim District (ESD) membership will not be eligible for benefits for six (6) months pending approval, relinquishment confirmation with your District, Tribe and SWO Enrollment Office. SWO MEMBERS DUALY ENROLLED IN ANOTHER DISTRICT OR TRIBE, WILL BE CAUSE FOR DISENROLLMENT IN THE ESD.

I understand these conditions and I hereby request membership with the Enemy Swim District of the Lake Traverse Reservation and do hereby certify that I am an enrolled member of the Sisseton Wahpeton Oyate, that my date of birth is correct, and I am not a member of any other District or Tribe.

Signature: _____ Date: _____

PLEASE ATTACH VERIFICATION OF SWO TRIBAL ENROLLMENT. NAME AND ENROLLMENT NUMBER MUST MATCH TRIBAL ENROLLMENT CERTIFICATE. (INCOMPLETE APPLICATIONS WILL BE PUT ON HOLD).

Approved by District Minutes of: _____ Date: _____

Signature of District Chairman: _____ Date: _____

Signature of District Secretary: _____ Date: _____

Concurred by Council Minutes of: _____ Date: _____

Signature of Enrollment Officer: _____ Date: _____