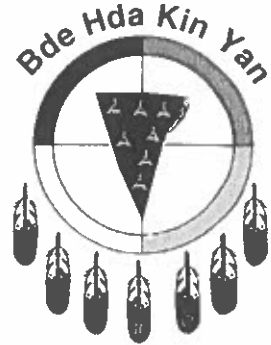


Lake Traverse District

P.O. Box 56 • Sisseton, SD 57262

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



Sisseton - Wahpeton Oyate

APPLICATION FOR DISTRICT MEMBERSHIP

I _____ (alias/maiden) _____

Born(DOB) _____ 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 birthdate 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)