

Lake Traverse District

P.O. Box 56 • Sisseton, SD 57262

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Sisseton Wahpeton Oyate

RELINQUISHMENT OF DISTRICT MEMBERSHIP

I _____ born on _____

Do hereby request that my membership with the Lake Traverse District of the Sisseton-Wahpeton Sioux Tribe be terminated subject to the acceptance of my application for membership in _____ District.

(Signature)

(Date)

(Signature of District Chairman)

(Signature of District Secretary)