

ENROLLMENT APPLICATION



Circle one:
New Adult Member
Transfer / Adult
Youth to Adult

HEIPA DISTRICT
P.O. Box 223 ~ 10731 BIA 15
Veblen, SD 57270

Phone: 605-738-2324

Email: heipa.district@outlook.com

Fax: 605-738-2379

If transferring, from what district? _____ Phone #: _____

(relinquishment documentation from other district must be attached)

(All information as requested must be filled out in order to be enrolled in the Heipa District)

(Copy of Tribal Enrollment must be attached)

Name: _____
First Middle Last Maiden

Address: _____
P.O. Box/Street City State Zip Code

D.O.B: _____ SWO Enrollment #: _____

PARENTS

Mother Maiden Father

GRANDPARENTS

Maternal Grandmother Maiden Maternal Grandfather

Paternal Grandmother Maiden Paternal Grandfather

Other member(s) on the district roster that you are claiming as lineal descendants:

Name: _____

Relationship: _____

Enrollment #/DOB: _____ (optional) _____ (optional)

I am hereby requesting membership with the **Heipa District** of the Lake Traverse Reservation and do certify that:

- * I am an enrolled member of the Sisseton Wahpeton Oyate.
- * I am at least ¼ degree of Sisseton Wahpeton Sioux and/or other Native American Indian Blood, as stated in the Heipa District Constitution.
- * The date of birth, as well as the enrollment number I have provided is correct.
- * I am not a member of any other district.

Applicant's Signature: _____ Date: _____

Date Approved: _____ District Motion: _____

District Chairman: _____ District Secretary: _____