



ENROLLMENT DEPARTMENT

PO BOX 1153
Wagner, SD 57380
(605) 384-3641 ext 1038/1036
(605) 384-5895 fax
ystenrollment@yahoo.com

Membership Identification Card and/or C.D.I.B. Request Form

✓ Please check box(s) of your request:

Tribal Membership I.D.-

C.D.I.B.-

FEES (I.D. only):

Adult (ages 18-60 yrs. old) \$10.00 - **Elderly** (60 yrs.+) \$5.00 - **Minors** (0-18 yrs. old) \$5.00

****Please bring correct amount of cash and/or check/Postal Money Order in the correct amount(s).

TO: YANKTON SIOUX TRIBE ENROLLMENT

FROM:

Name of YST Tribal Member

RE: Membership Identification and/or C.D.I.B. Request

I am, formally requesting my Tribal Membership Identification Card and/or Certificate of Degree of Indian Blood. My Name and Address as follows:

Tribal Membership Name: _____

ADDRESS: _____

PHONE #: _____

Membership Enrollment Number: _____

Note:

Name Changes-

Please provide proof of any/all name changes by submitting court order, birth certificate, drivers license, copy of social security card.

Minors/Guardianship(s)/Court Awarded-

Please provide proof of any/all name changes/Guardianship(s) by submitting court order(s).

Tribal Member Signature
Date:

Tribal Enrollment Officer Signature
Date: