

Enrollment Office PO Box 452387 Grove Oklahoma 74345 P 918-787-5452 ext 6027 F 918-517-3586

## **Duplicate** Minor Membership Card Application

## **Instructions:**

1.	Complete the Minor Membership Card application form in its entirety. (please
	enter n/a if the line does not pertain to you)

Applications not completed will be returned to the submitter with a request for completion.

If you have any name changes, please send a copy of the documents showing this so we may change it. Otherwise it will have to be in the name that is on file.



23701 South 655 Road Grove, Oklahoma 74344 | P: 918-787-5452 | F: 918-787-5521 | www.sctribe.com

## **DUPLICATE MEMBERSHIP CARD APPLICATION FOR MINORS AGE 0-14**

	(First Name)	(Middle Name)	(Last Name)	
ddress:				
			_	
Home	Phone	Date of Birth		
		\$5.00 MONEY OR CHECK REQUIRED		
Email				
am requestin	g a membership card	for the following reasons:		
	S w mome cramp cure	191 <b>4.10</b> 19119 (11 <b>18</b> 1 <b>04</b> 89118)		