2020 - 2021 INDIVIDUAL MEMBERSHIP APPLICATION

YES! I support the continuing work and purpose of the National Congress of American Indians and I want to become a Member in good standing

☐ $40 Individual Indian Member
One Vote, NCAI Broadcast to one email, Reduced conference rates, copy of our publications throughout the year, One NCAI car decal, Welcome letter with membership card

☐ $40 Individual Associate Member
Non-Voting, NCAI Broadcast to one email, Reduced conference rates, copy of our newsletter, the Sentinel, One NCAI car decal, Welcome letter with membership card

☐ $500 Organization Associate Member
Non-Voting, NCAI Broadcast to two emails, Reduced conference rate for two at each conference, copy of our publications throughout the year, Name listed in web directory of supporters

☐ $1,000 Individual Indian LIFETIME Member
Lifetime Voting, NCAI Broadcast to one email, Reduced conference rates, copy of our publications throughout the year, One NCAI car decal, One NCAI T-shirt, Lifetime Membership Card

☐ $1,000 Individual Associate LIFETIME Member
Non-Voting, NCAI Broadcast to one email, Reduced conference rates, copy of our publications throughout the year, One NCAI car decal, One NCAI T-shirt, Lifetime Membership Card

Membership is not transferable and may be used only by the person whose name is printed on this form. NCAI is a voluntary membership organization and membership in NCAI does not determine status as a member of any American Indian or Alaska Native Tribe.

I AM INCLUDING A TAX DEDUCTIBLE DONATION OF:

☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ Other

*Name: ____________________________

*Title: ____________________________

*Tribal Affiliation/Organization: ____________________________

*Address: ____________________________
City: ____________________________
State: ____________________________
Zip: ____________________________

*Telephone: ____________________________

*E-Mail Address: ____________________________
(Please configure your spam filter to allow NCAI electronic Broadcasts & Alerts)

For Organization Associate Membership Use Only:

*E-mail Address #2: ____________________________

*Website: ____________________________

PAYMENT INFORMATION

☐ Enclosed is a Check or Money Order [Mail to: NCAI, 1516 P Street NW, Washington, DC 20005]

NCAI STAFF USE ONLY [Please do not write in this area]

Payment Received: $________ Date:________ Received By:________

Credit Card Authorization Number:_________________________ Check #:_________________________

For more information or to pay by credit card please call 202-466-7767