



# National Congress of American Indians

## 2008-2009 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 Broadcasts and Alerts sent to One E-Mail - **OR** - to One Fax Number, The Sentinel, Reduced Conference Rates and a Membership Card
- \$40 Individual Associate Member**  
Non-Voting, NCAI Broadcasts and Alerts sent to One E-Mail - **OR** - to One Fax Number, The Sentinel, Reduced Conference Rates and a Membership Card
- \$500 Organization Associate Member**  
Non-Voting, NCAI Broadcasts and Alerts sent to Two E-Mails - **OR** - to One Fax Number, The Sentinel, Reduced Conference Rates for two and a Membership Card
- \$1000 Individual Indian LIFETIME Member**  
Lifetime Voting, NCAI Broadcasts and Alerts sent to One E-Mail - **OR** - One Fax Number, The Sentinel, Reduced Conference Rates and a Lifetime Membership Card

*[Membership will commence after the 65th Annual Convention - October 19-24, 2008]*

I AM INCLUDING A TAX DEDUCTIBLE DONATION OF:

- \$50     \$100     \$250     \$500    Other

**\* \* Required Fields**

- \* Name: \_\_\_\_\_
- \* Title: \_\_\_\_\_
- \* Tribe/Tribal Affiliation/Organization: \_\_\_\_\_
- \* Address: \_\_\_\_\_
- \* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_
- \* Telephone: \_\_\_\_\_ [OR] Fax: \_\_\_\_\_
- \* E-Mail Address: \_\_\_\_\_

*[Please Configure your spam filter to allow NCAI electronic Broadcasts]*

**For Organization Associate Membership Use Only**

- \* E-Mail Address #2: \_\_\_\_\_
- \* Website: \_\_\_\_\_

**PAYMENT INFORMATION**

Enclosed is a Check or Money Order [Mail to: NCAI, 1301 Connecticut Avenue NW, Suite 200, Washington, DC 20036]

If paying by Credit Card, this form may be faxed to NCAI at 202-466-7797

- Visa    Card Number: \_\_\_\_\_ Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Master Card    Signature: \_\_\_\_\_

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

Payment Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Access  MM

Credit Card Authorization Number: \_\_\_\_\_ Check Number: \_\_\_\_\_ CVent  ENL

**For More Information Contact Bernida Humetewa, Director of Membership at [bhmetewa@ncai.org](mailto:bhmetewa@ncai.org) or 505-867-0203**