2015 - 2016 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, Publications, and Reduced Conference Rates

☐ $40 Individual Associate Member
   Non-Voting, NCAI Broadcasts and Alerts sent to Two E-Mail -OR- to One Fax Number, Publications, and Reduced Conference Rates

☐ $500 Organization Associate Member
   Non-Voting, NCAI Broadcasts and Alerts sent to Two E-Mail -OR- to One Fax Number, Publications, and Reduced Conference Rates for two

☐ $1,000 Individual Indian LIFETIME Member
   Lifetime Voting, NCAI Broadcasts and Alerts sent to One E-mail -OR- to One Fax Numbers, Publications, Reduced Conference Rates and a Lifetime Membership Card

☐ $1,000 Individual Associate LIFETIME Member
   Non-Voting, NCAI Broadcasts and Alerts sent to One E-Mail -OR- to One Fax Numbers, Publications, Reduced Conference Rates and a Lifetime Membership Card

Membership begins at the 72nd Annual Convention - October 18 - 23, 2015. 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.

☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ Other I AM INCLUDING A TAX DEDUCTIBLE DONATION OF:

*Name: ____________________________
*Title: ____________________________
*Tribe/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]

To pay by credit card please call 202-466-7767

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

Payment Received: $ ___________ Date: ___________ Received By: ____________________________

Credit Card Authorization Number: ____________________________ Check #: ____________________________

For more information contact NCAI at 202-466-7767.