National Congress of American Indians

2019 - 2020 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-Email -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

☐ $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 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: __________________________

*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]

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