



# National Congress of American Indians

## 2007-2008 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 Conferences Rates and a Membership Card

\$40 Individual Associate Member  
Non-Indian, 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 and The Sentinel

\$1000 Individual Lifetime [Indian] 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  
[Effective date is November 16, 2007]

I AM INCLUDING A TAX DEDUCTIBLE DONATION OF:

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

Mail This Form to: NCAI, 1301 Connecticut Avenue NW, Suite 200, Washington, DC 20036

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  
Make Check for Tax-Deductible Donation payable to NCAI FUND, INC.  
Make Check for Membership payable to NCAI CONGRESS

Fax Form To [202] 466-7797 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa Name: \_\_\_\_\_

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 [bhumetewa@ncai.org](mailto:bhumetewa@ncai.org) or 505-867-0203