



National Congress of American Indians

2007-2008 TRIBAL MEMBERSHIP CREDENTIAL PROCESS

NCAI Membership is made up of Tribes and Individuals who have met the eligibility criteria and the payment of dues as outlined in Article III of the NCAI By-Laws. Annual membership dues shall be due and payable at the Annual Convention of each year.

To become a Member Tribe in good standing, please complete these important steps:

1. Submit the Tribal Membership Application
2. Submit a current year Tribal Resolution for Membership by re-typing the attached template on your Tribal letterhead
3. Submit your Individual Membership Application. Delegates and Alternates listed on your Resolution, must pay their individual membership dues to become members in good standing.
4. Mail all of the above-referenced documents along with your payment to:
National Congress of American Indians
1301 Connecticut Avenue NW, Suite 200
Washington, DC 20036

Tribes that have already budgeted for 2007 can continue to pay at the lower amount until the next tribal budget cycle.

Articles from the National Congress of American Indians Constitution and By-Laws applicable to the Membership Process

Article II: MEMBERSHIP

Section 2 A: Tribal Membership
Any Tribe, band or identifiable group of American Indians or Alaska Natives shall be eligible for tribal membership provided it shall fulfill all the following requirements:

1. A substantial number of its members reside upon the same reservation or, in the absence of a reservation, in the same general locality;
2. It maintains a tribal organization, with regular officers and the means of transacting business and arriving at a reasonably accurate count of its membership;
3. It is not a mere offshoot or fraction of an organized Tribe, itself eligible for membership; and
4. It is recognized as a Tribe or other identifiable group of American Indians or Alaska Natives by the Department of the Interior, Court of Claims, the Indian Claims Commission, or a State.

Article III: MEMBERSHIP DUES

Section C 2: Dues for Tribal Membership - In accordance with the following table:

Income	Dues
\$30 million or over	\$25,000
\$20 million to \$30 million	\$15,000
\$10 million to \$20 million	\$10,000
\$5 million to \$10 million	\$ 5,500
\$1 million to 5 million	\$ 1,100
\$500,000 to \$1 million	\$ 550
\$0 to \$500,000	\$ 110

If Revenue exceeds \$60 million please consider increasing your dues as a contribution to NCAI.

Article II: MEMBERSHIP

Section B 1(d): Votes
Each individual member is entitled to one vote. Each member tribe is entitled to 100-180 votes, depending upon the enrollment of the Tribe. Each member Tribe shall vote in accordance with the following table:

Tribal Enrollment	Number of Votes
Up to & including 500	100
501 to 1500	110
1501 to 2500	120
2501 to 3500	130
3501 to 4500	140
4501 to 5500	150
5501 to 6500	160
6501 to 7500	170
7501 and over	180

National Congress of American Indians

2007-2008 TRIBAL MEMBERSHIP APPLICATION

NEW MEMBERSHIP

MEMBERSHIP RENEWAL

TO: NCAI RULES AND CREDENTIALS COMMITTEE
1301 Connecticut Avenue NW, Suite 200
Washington, DC 20036

TRIBE: _____

TRIBAL LEADER: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

GENERAL TRIBAL E-MAIL: _____

WEBSITE: _____

Tribal Membership provides Broadcasts and Alerts to three [3] E-Mail Addresses: [Please print clearly]

Name: _____ E-Mail #1: _____

Name: _____ E-Mail #2: _____

Name: _____ E-Mail #3: _____

[Please Configure your Spam Filture to Allow for NCAI Electronic Broadcasts and Alerts]

PAYMENT INFORMATION

CHECK

Enclosed is a check or money order payable to the National Congress of American Indians

CREDIT CARD [Form may be faxed to 202-466-7797, if paying by credit card]

Visa Mastercard

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

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

Payment Received: \$ _____ Date: _____ Received By: _____ ACCESS MM

Credit Card Authorization Number: _____ Check #: _____ CVENT ENL

For More Information Contact Bernida Humetewa, Director of Membership at bhumetewa@ncai.org or 505-867-0203

NCAI TEMPLATE: TRIBAL MEMBERSHIP RESOLUTION

[RE-TYPE THIS ON YOUR TRIBAL LETTERHEAD]

WHEREAS, the _____ wishes to become a Member Indian/Native Government in Good Standing with the National Congress of American Indians (NCAI); and,

WHEREAS, the _____ Tribe/Nation meets all requirements for Tribal Membership, pursuant to Article II - Membership, Section B of the Constitution and ByLaws of NCAI.

NOW, THEREFORE BE IT RESOLVED that the _____, which is the official governing body of the above-named Tribe/Nation, hereby authorizes _____ who is the official principal tribal official, to take the necessary action to place the Tribe/Nation in Membership with NCAI; and,

BE IT FURTHER RESOLVED that Tribal funds in the amount of \$ _____, based on the Tribal Membership dues schedule in the NCAI By-Laws, Article III - Members, Section C 2 are authorized to be paid for NCAI membership and,

BE IT FURTHER RESOLVED that based on the tribal enrollment of _____ persons, the Tribe/Nation shall have _____ votes, in accordance with Article III - Members, Section B 1 (d); and

BE IT FINALLY RESOLVED that, pursuant to Article III - Members, Section B 1(b) of the NCAI Constitution and By-Laws, the Tribe/Nation designates the following persons as Delegate and Alternate Delegate(s), and instructs them to become Individual Members in Good Standing with NCAI in order to fulfill their responsibilities as Official Delegates to the National Congress of American Indians Annual Convention, Executive Council Winter Session and Mid-Year Conference.

(Please provide expiration date for term of office)

Delegate: _____ Signature: _____

Title: _____ Term Expiration Date: _____

Alternate: _____ Signature: _____

Title: _____ Term Expiration Date: _____

Alternate: _____ Signature: _____

Title: _____ Term Expiration Date: _____

[Number of Alternate Delegates is determined by Tribe]

Process a current year Resolution in accordance with your procedures and mail your Tribal Resolution along with the Tribal Membership Application and Membership Dues to:

National Congress of American Indians
1301 Connecticut Avenue NW, Suite 200
Washington, D.C. 20036

For More Information Contact Bernida Humetewa, Director of Membership at bhumetewa@ncai.org or 505-867-0203



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
[Membership will take effect after 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 & Alerts]

For Organization Associate Membership use only:

- * E-Mail Address #2: _____
- * Website: _____

PAYMENT INFORMATION

- Enclosed is a Check or Money Order

FORM MAY BE FAXED TO 202-466-7797 [If paying by credit card]

- Visa Card Number: _____
- Mastercard Name: _____ Expiration Date: _____
- 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 or 505-867-0203