



# National Congress of American Indians

## 2017 - 2018 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 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 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

**\*Required Fields**

\*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