

National Congress of American Indians

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-Email -OR- to One Fax Number, Publications, and Reduced Conference Rates Individual Associate Member Non-Voting, NCAI Broadcasts and Alerts sent to Two E-Mail -OR- to One Fax Number, Publications, and Reduced Conference Rates **Organization Associate Member** \$500 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 Memebership 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. I AM INCLUDING A TAX DEDUCTIBLE DONATION OF: \$250 | |\$500 Other *Name:____ *Title: _____ *Tribe/Tribal Affiliation/Organization: _____ *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 #: _____