



October 1, 2016-September 30, 2018

Membership Dues

Three (3) Types of Memberships – Check the appropriate box

1. Voting Member
\$50

2. Associate Member (non-voting)
\$100

3. Organization Associate Member
\$300 (2 individuals)

Individual Membership Information (Please print or type clearly) (one person per form)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email Address: _____

Official Tribal Name: _____

Group Payment: Organization/Tribe: _____

Contact Person: _____ Email: _____

Note: Purchasing this membership before the 2018 Biennial Conference (September 11-14, 2018) provides for reduced conference registration fees. Must provide a confirmation of membership when registering for conference.

Membership Type (Please check appropriate box and provide specific information for voting membership)

VOTING MEMBERS ONLY – Complete this section or attach copy of CIB/proof of enrollment:

A qualified voting member is “any Indian 55 years of age or older who is an enrolled member of an Indian Tribe, Band, or Combination of Bands and Tribes, recognized by the United States Department of the Interior”. **PLEASE ATTACH A COPY OF PROOF OF TRIBAL ENROLLMENT OR CDIB CARD. IF YOUR CDIB CARD IS NOT AVAILABLE-YOU MUST HAVE YOUR TRIBE’S AUTHORIZED ENROLLENT OFFICIAL ATTEST TO THE FOLLOWING.**

I hereby attest that (print name) _____ is a member of the (Tribe) _____ of (State) _____ CDIB/Enrollment No _____.

Date of Birth ____/____/____ Certified By (print name) _____ Title: _____

Certified By (signature) _____ Date: _____ Tribe: _____

Phone number: _____ Email: _____

Membership Type – Please check the appropriate box	Membership Dues	CHECK ONE
1. Voting Member – Must be 55 and older; Enrolled member of a federally recognized tribe.	\$50	<input type="checkbox"/>
2. Associate Member – any person not eligible to be a voting member.	\$100	<input type="checkbox"/>
3. Organization Associate Member – (Limited to 2 individual memberships)-Any organization, member can be either Voting or Non-Voting Associate member (must be specified on registration form), one form per person – attach additional form for 2 nd person along with payment.	\$300	<input type="checkbox"/>

Please Mail/Fax/Email form(s) and fees to:

NICOA’s Federal ID Number: 86-0321646

If paying by Credit Card – call Jeannine White, Finance Director at (505) 292-2001

or go to our website and pay online:

<http://nicoa.org/nicoa-membership/>

National Indian Council on Aging, Inc.
Attn: Cheryl Archibald
10501 Montgomery Blvd. NE, Ste. 210
Albuquerque, NM 87111

For More information or questions please contact Cheryl J Archibald at:
Phone: (505) 292-2001
Fax: (505) 292-1922
Email: carchibald@nicoa.org
Website: info@nicoa.org

NICOA USE ONLY:

Rec’d by: _____ Date: _____ Membership #: _____

To Finance: _____ Date: _____ Rec’d by: _____ Date: _____

Credit Card Payment Authorization Form

Authorization

Please charge my credit card in the amount indicated on the **TOTAL AMOUNT AUTHORIZED** line below for membership, registration, sponsorships, and/or donations for _____

Billing Address (Same address as issued on the Credit Card)

Name (as it appears on credit card): _____

Street Address: _____ **Suite/Apt #:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____
(Required for a receipt)

There will be an additional processing charge of 4% of the total amount due for processing the payment using your credit card.

MAIL/FAX/EMAIL THIS FORM WITH

MEMBERSHIP and REGISTRATION FORM TO:

National Indian Council on Aging, Inc.
Attn: Cheryl Archibald
10501 Montgomery Blvd NE, Suite 210
Albuquerque, NM 87111
info@nicoa.org

NICOA Federal ID#: 86-0321646

FOR INFORMATION:

Phone: (505) 292-2001
Fax: (505) 292-1922

Registration Fee:

Membership Dues: \$ _____

Sponsorship or Donation Amount: \$ _____

Subtotal:

(membership dues + sponsorship /or donation amount) \$ _____

Bank Processing Fee (4%):

[Subtotal x .04] \$ _____

TOTAL AMOUNT AUTHORIZED: \$ _____

Card Holder Information

Type of Card: [] Visa [] MasterCard [] American Express [] Discover

Credit Card#: _____

Security Code*: _____

Expiration Date: _____ / _____
Month Year

Cardholder's Signature: _____ Date: _____

*In the signature box on the back of the card, you should see either the entire 16-digit credit card number or just the last four digits followed by a 3-digit code. This 3 digit code is your Card Security Code.(Visa/MC/Discover). American Express's security code is the 4-digits on the front of the card at the end of your 15-digit card number.

NICOA USE ONLY:

Rec'd by: _____ **Date:** _____.

To Finance: _____ **Date:** _____.