



National Indian
Council on
Aging, Inc.

SEPTEMBER 2016-2018

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 2016 Biennial Conference (September 13-15, 2016) 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 send copy of CDIB/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 _____ Title: _____

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"/>

Check/Money Order

Make check or money order payable to NICOA

Credit Card (we accept ALL Major Credit Cards)

Name on Card: _____

Address associated w/Card: _____

CC# _____

Exp. Date: _____ Security/CVC Code _____

Signature: _____

NICOA’s Federal ID Number: 86-0321646

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

National Indian Council on Aging, Inc.

Attn: Membership Dues

10501 Montgomery Blvd. NE, Ste. 210

Albuquerque, NM 87111

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

info@nicoa.org

Total Amount Enclosed: \$ _____