



**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 10-13, 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 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 (print name) \_\_\_\_\_ Title: \_\_\_\_\_

Certified By (signature) \_\_\_\_\_ Date: \_\_\_\_\_ Tribe: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type – Please check the appropriate box	Membership Dues	CHECK ONE
<b>1. Voting Member</b> – Must be 55 and older; Enrolled member of a federally recognized tribe.	<b>\$50</b>	<input type="checkbox"/>
<b>2. Associate Member</b> – any person not eligible to be a voting member.	<b>\$100</b>	<input type="checkbox"/>
<b>3. Organization Associate Member</b> – (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 <sup>nd</sup> person along with payment.	<b>\$300</b>	<input type="checkbox"/>

**Please Mail/Fax/Email form(s) and fees to:** National Indian Council on Aging, Inc. For More information or questions please contact Cheryl J Archibald at:  
 NICOA’s Federal ID Number: 86-0321646 Attn: Cheryl Archibald Phone: (505) 292-2001  
 One Executive Center Fax: (505) 292-1922  
 8500 Menaul Blvd. NE, Ste. B-470 Email: [carchibald@nicoa.org](mailto:carchibald@nicoa.org)  
 Albuquerque, NM 87112 Website: [info@nicoa.org](http://info@nicoa.org)

**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/>

**NICOA USE ONLY:**  
 Rec’d by: \_\_\_\_\_ Date: \_\_\_\_\_ Membership #: \_\_\_\_\_  
 To Finance: \_\_\_\_\_ Date: \_\_\_\_\_ Rec’d by: \_\_\_\_\_ Date: \_\_\_\_\_