



# NATIONAL INDIAN COUNCIL ON AGING, Inc.

## SEPTEMBER 2014-2016 Membership Dues

### Three (3) Types of Memberships – circle one

**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)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Official Tribal Name: \_\_\_\_\_

Group Payment: Organization/Tribe: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: If you are an Organization or Tribe paying on behalf of several attendees, YOU MUST attach a copy of each individual registration form**

### 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: \_\_\_\_\_

Please select one amount to be included in registration below	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"/>

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# \_\_\_\_\_

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](mailto:info@nicoa.org)

Exp. Date: \_\_\_\_\_ Security/CVC Code \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

Signature: \_\_\_\_\_



**NATIONAL INDIAN COUNCIL ON AGING**  
10501 Montgomery Blvd. NE, Suite 210  
Albuquerque, NM 87111

Phone: (505) 292-2001 ♦ Fax: (505) 292-1922 ♦ info@nicoa.org

## Credit Card Payment Authorization Form

(A copy of your Membership and CDIB MUST BE SUBMITTED with this form)

### Authorization

Please charge my credit card in the amount \$ \_\_\_\_\_ for membership in the National Indian Council on Aging.

**Note: If you are an Organization or Tribal Organization paying on behalf of several people, YOU MUST attach a copy of each Membership form along with payment.**

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

Name (as it appears on credit card): \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MAIL / FAX / EMAIL THIS FORM ALONG WITH MEMBERSHIP and REGISTRATION FORMS TO:

National Indian Council on Aging, Inc.  
Attn: Membership Dues  
10501 Montgomery Blvd. NE, Ste. 210  
Albuquerque, NM 87111  
NICOA Federal ID#: 86-0321646

### FOR INFORMATION CONTACT:

Randella Bluehouse  
Phone: (505) 292-2001  
Fax: (505) 292-1955  
info@nicoa.org

There will be an additional processing charge of 3.6% of the total amount due for processing the payment using your credit card.

### Card Holder Information

Type of Card:  Visa  MasterCard  American Express  Discover

Credit Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code\*: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\*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). American Express's security code is the 4-digits on the front of the card at the end of your 15 digit card number.