



National Indian Council on Aging, Inc.

September 2012-2014 Membership Dues

This membership form must be completed and accompanied with full payment and proof of tribal enrollment.

Membership Information (type or print clearly)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Email Address: _____

Official Tribal Name: _____

Member of: Great Plains Midwest Eastern Eastern OK Southern Plains Southwest
 Navajo Western Pacific Northwest Rocky Mt. Alaska Title VI Association

Paying Sponsor: _____ Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

(Please provide a list of individuals you will sponsor along with payment. Each member must complete this form)

Membership dues are non-refundable and non-transferrable (September 2012-2014)
Please attach a copy of proof of Tribal enrollment or C.D.I.B. card.

- A. **Voting Member (\$50.00 for Membership only)** – A qualified voting member is “any American Indian 55 years of age or older who is an enrolled member of an American Indian Tribe, band or combination of Tribes and bands, recognized by the United States Department of the Interior.”

OR, fill out the following if proof of Tribal enrollment or C.I.B. card is not available and have notarized.

Official approval required:

I hereby attest that (print name) _____ is a member of the
 (Official Tribal Name) _____ of (state) _____
 Enrollment No.: _____ Date of Birth: _____ - _____ - _____ Age: _____
 Certified by: _____ Title: _____ Phone number: _____

- B. **Non-Voting Associate Member (\$100.00 for Membership only)** – Any American Indian or non-American Indian not qualified to be a voting member.

Method of Payment

Please mail this form and dues to: **National Indian Council on Aging, Inc.**
Attn: Finance Department
 10501 Montgomery Blvd. NE, Suite 210
 Albuquerque, New Mexico 87111 (505) 292-2001

Check/Money Order No. _____ **DO NOT SEND CASH or PURCHASE ORDER**

TOTAL ENCLOSED \$ _____

Include check, money order payable to NICOA.

Federal Tax I.D. Number: 86-0321646

****Payment must accompany this form****