



# NATIONAL INDIAN COUNCIL ON AGING, Inc.

## SEPTEMBER 2016-2018 Membership Dues

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

- |  |   |   |
|--|---|---|
| <b>1. Voting Member</b><br>\$50 <input type="checkbox"/> | <b>2. Associate Member (non-voting)</b><br>\$100 <input type="checkbox"/> | <b>3. Organization Associate Member</b><br>\$300 (2 individuals) <input type="checkbox"/> |
|--|---|---|

### 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
<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# \_\_\_\_\_

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](mailto:info@nicoa.org)

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

