



# 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 (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"/>

<p><b>Please Mail/Fax/Email form(s) and fees to:</b> National Indian Council on Aging, Inc. NICOA’s Federal ID Number: <u>86-0321646</u> Attn: Membership Dues to: 10501 Montgomery Blvd. NE, Ste. 210 Albuquerque, NM 87111</p> <p><b>If paying by Credit Card – the form is on reverse side or attached.</b></p>	<p>For More information or questions please contact Cheryl J Archibald at: Phone: (505) 292-2001 Fax: (505) 292-1922 Email: <a href="mailto:carchibald@nicoa.org">carchibald@nicoa.org</a> Website: <a href="http://info@nicoa.org">info@nicoa.org</a></p>	
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**NICOA USE ONLY:**  
Rec’d by: \_\_\_\_\_ Date: \_\_\_\_\_  
To Finance: \_\_\_\_\_ Date: \_\_\_\_\_



**2016 BIENNIAL CONFERENCE**  
 Conference & Event Center Niagara Falls  
 SEPTEMBER 13 – 15, 2016

## Credit Card Payment Authorization Form

**A copy of your conference Membership Form, Registration Form, Exhibitor Contract, or Sponsorship Form MUST BE SUBMITTED with this form**

Name of registration attendee(s): \_\_\_\_\_

**Note: If you are an Organization or Tribal Organization paying on behalf of several attendees, YOU MUST attach a copy of each Membership, CIB Card, and/or Registration form(s) along with payment.**

### Authorization

Please charge my credit card in the amount indicated in the **TOTAL AMOUNT AUTHORIZED line below** for membership, donations, registration, sponsorships, and/or other conference fees for participation in the 21st National Indian Council on Aging 2016 Biennial Conference.

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

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

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

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

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

(Required for receipt)

**There will be an additional processing charge of 4% of the total amount due for processing the payment using your credit card.**

**MAIL/FAX/EMAIL THIS FORM WITH MEMBERSHIP and REGISTRATION FORM TO:**

National Indian Council on Aging, Inc.  
 Attn: 2016 NICOA Conference  
 10501 Montgomery Blvd NE, Suite 210  
 Albuquerque, NM 87111  
[carchibald@nicoa.org](mailto:carchibald@nicoa.org)

**FOR INFORMATION:**

Cheryl J Archibald  
 Phone: (505) 292-2001  
 Fax: (505) 292-1922

Membership Dues: \$ \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

**Subtotal:**

(membership dues + donation amount) \$ \_\_\_\_\_

**Bank Processing Fee (4%):**

[Subtotal x .04] \$ \_\_\_\_\_

**TOTAL AMOUNT AUTHORIZED: \$ \_\_\_\_\_**

### Card Holder Information

Type of Card:  Visa     MasterCard     American Express     Discover

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

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

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

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

\*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.