



2 Year Membership Dues

October 1, 2016-September 30, 2018

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

1. Voting Member
\$100

2. Associate Member (non-voting)
\$200

3. Organization Associate Member
\$400 (2 individuals)

Individual (Personal) Membership Information (Please print or type clearly) (one person per form)

Name: _____

Personal Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email Address: _____

Note: This is your personal membership, please provide personal contact information so that we can update you about NICOA.

Billing Tribe _____ Organization _____ Self

Contact Name and Title: _____ Phone: _____ - _____ - _____

Billing Address: _____ City: _____ State: _____

Zip: _____ Email: _____

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 ENROLLMENT 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
1. Voting Member – Must be 55 and older; Enrolled member of a federally recognized tribe.	\$100	<input type="checkbox"/>
2. Associate Member – any person not eligible to be a voting member.	\$200	<input type="checkbox"/>
3. Organization Associate Member – (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 nd person along with payment.	\$400 (\$200 each)	<input type="checkbox"/>

Check/Money Order

Make check or money order payable to: NICOA

~~Credit Card (Coming Soon)~~

Please mail this form along with payment to:

National Indian Council on Aging
Attn: 2018 Conference (Cheryl J Archibald)
8500 Menaul Blvd. NE, Suite B-470
Albuquerque, NM 87112

NICOA USE ONLY:

Rec'd by: _____

Date: _____

To Finance: _____

Membership #: _____

Individual: _____ Group: _____

Date: _____

Growth Zone DBS Entry: _____

Group Name: _____

2018 NICOA Conference on Aging – September 10-13, 2018 – Temecula, CA

Membership and Registration are on TWO Separate forms now. You will need to fill out the Membership form, and a Registration form. You can do this together or you can do it separately.

Membership Form 2016-2018 (effective October 1, 2016 thru September 30, 2018)

1. Fill out the **2016-2018 Membership Form**:
 - a. Check the box next to the type of member you are, 1-Voting, 2-Associate, or 3-Organization (This allows for two people from the same organization, each must fill out a separate form.)
 1. **Voting Member** – Any enrolled member of a Federally Recognized tribe and 55 years of age or older.
 2. **Associate Member** – ANYONE, who isn't a voting member. Do not need to be American Indian or over 55.
 3. **Organization Member** – limited to 2 individuals from ANY organization. The individuals can be either a voting or associate member. Each Person MUST fill out a separate form.
 - b. Fill out your **personal information**, we will not share this with anyone, it is just for our records. Name, address, city, state, zip code, phone number, and email. We use email because it is a lot cheaper than regular mail and you can receive information faster. We will not send you junk mail.
2. This is the billing section, Check the box that best describes where the payment is coming from. If you are a tribe, or organization please fill out the contact information for your tribe or organization. If you are paying for yourself, check the "Self" box and continue to the next section.
3. This section is for **VOTING MEMBERS ONLY** – 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 US Department of Interior"*. Please attach a **current copy** of your CIB card. If your CIB card is not available you MUST have your tribes authorized enrollment official complete this section. Also, if the copy of your CIB is not legible, please write the Date of Birth, and Tribal Enrollment Number on the form.
 - a. Check the Membership Type box next to the dollar amount of membership. If it is for an organization membership there should be two forms for one for each individual. Mail this form with payment to:

National Indian Council on Aging, Inc.
Attn: Membership – Cheryl J Archibald
8500 Menaul Blvd. NE, Suite B-470
Albuquerque, NM 87112

When you have completed the form, you can mail it to the address above, but if you also need to Register for the 2018 Conference, you can fill out that form and mail it with this one all in one payment. Don't forget if you are going to be participating in the Veterans luncheon, or in the Fashion Show please include those forms.

If you would like to donate an item for our Silent Auction, please fill out that form and return it to us with the item, unless you are bringing it with you to the conference, then just fill out the form and state that you will be bringing the item with you.