2 Year Membership Dues

January 1, 2020 – December 31, 2021

NICOA
National Indian Council on Aging, Inc.

☐ **NEW** ☐ **RENEWAL-** NICOA ID#: _____.

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

1. Voting Member	2. Associate Member (non-voting)	3. Organization Associate Member
$150 ☐	$250 ☐	$500 ☐ _____.

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 or Tribal contact: Contact information if someone other than the Elder is paying on their behalf

☐ **SELF** OR ☐ **Billing Tribe/Organization** _____

Contact Name/Title: _____ **Phone:** ____-____-____.

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____.

Email: _____

VOTING MEMBERS ONLY – Complete this section and attach a 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 (name on CIB) _____ **is a member of the**

(Tribe) _____.

CDIB/Enrollment No: _____ **Expiration Date:** _____ **Date of Birth** _____.

Certified(signature) _____ **Phone number:** _____ _____ _____ .

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.	**$150**	☐
2. Associate Member – any person not eligible to be a voting member.	**$250**	☐
3. Organization Associate Member –Non-Voting Associate member, 1 individual	**$500**	☐

Please mail this form along with payment to:
National Indian Council on Aging
Attn: Membership (Cheryl J Archibald)
8500 Menaul Blvd. NE, Suite B-470
Albuquerque, NM 87112

Make check/money order payable to: **NICOA**
For questions call: Cheryl Archibald 505-292-2001

Registration for the 2020 American Indian Elders Conference Begins January 1, 2020 **Watch our website: www.nicoa.org**

NICOA USE ONLY:

Rec'd by: _____ **Date:** _____.

To Finance: _____. **Date:** _____.

Ck#: _____. **Amt:** _____.

Membership #: _____.

☐ **Individual**
☐ **Group:** _____.

Date: _____.

GZ DBS Date/Invoice #: _____.

Spreadsheet: _____.

Scan: _____.

BY: _____ **(Your initials)**

Highlighted areas are required. One person/individual per form.

NO REFUNDS FOR MEMBERSHIP DUES

Approved 6/14/2019