

## 2 Year Membership Dues

<u>January 1, 2020 – December 31, 2021</u>

National Indian Council on Aging, Inc.	□ <b>NEW</b> □ <b>RENEWAL</b> - NICO	A ID#:	
Individual (Personal) Members	ship Information (Please print or typ	pe clearly, one person per for	rm)
PERSONAL Mailing Address:			
	State: Pho		
<u> </u>	rship, please provide personal contact infor		you about NICOA.
•	nformation if someone other than the Elder is pay		
Contact Name/Title:		Phone:	
Billing Address:	City:	State:	Zip:
Email:			
Tribe. Date of Birth:	_CDIB / Enrollment Number is:	Expiration Date:	□N/A
· ·	nts and specifics on other side) <b>Please</b>		
			☐ \$150 —
•			□ \$250
3. Organization Associate Mer	<b>nber-</b> Non-voting (1) organization men	nber: (online/CC \$525)	□ \$500
Mail this form with payment I National Indian Council on Aging Cheryl Archibald (Membership Dues 8500 Menaul Blvd. NE, Ste. B470 Albuquerque, NM 87112	s) (505) 29	stions please call: Cheryl J. A 2-2001 or <u>carchibald@ncoa</u> <b>20 American Indian Elders</b> (	.org Conference
NICOA USE ONLY Received by: Date:	Membership #:	GZ Invoice:	
Date to Finance:			

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ID#:

- 1. Check the box if this is a NEW membership or a RENEWAL, if it is a renewal please provide your NICOA ID number, isn't required but is easier to process.
- 2. Provide your (the members) name, address, phone, and email address.
- 3. Provide the Billing or Tribal contact for the person/organization that is paying for the membership. If you are paying for yourself, check the SELF box and add the billing information *if it is different from the contact information*.
- 4. VOTING MEMBERS ONLY: please provide a copy of your tribal enrollment document, either a copy of the card/letter.
  - a. IF you are renewing your membership and have sent us your CIB before, we have it on file and will let you know if we need a copy.
  - b. Please write in your tribe's name, your CIB number, Expiration date, if applicable, and your Date of Birth, even if you attach the card.
  - c. IF you do not have a copy of your CIB card, have a tribal official fill out this section and provide a signature and phone number if there are any questions.
- 5. DETERMINE YOUR membership type:
  - a. **Voting Member:** any American Indian or Alaska Native that is registered with a federally recognized tribe and is 55 years older or older
  - b. Associate Member: Anyone who doesn't qualify to be a voting member
  - c. **Organization Associate Member:** Any organization, that wants to have one representative part of NICOA

**Please note:** n n you qualify as a voting member it is the most cost-effective way to come to the NICOA Conference.

- IF you are a title VI attendee, and you are not a voting member of NICOA, you DO NOT PAY a membership fee for the Title VI attendee rate at the conference.
- IF you want to vote in your caucus session, you MUST BE a registered voting member of NICOA.
- 6. Payment: Check the box next to the type of membership you are purchasing:
  - a. Voting member: \$150 (\$160 online & Credit Card)
  - b. Associate member: \$250 (\$265 online & Credit Card)
  - c. Organization Associate member: \$500 (\$525 online & Credit Card)
- 7. Mail this form, your CIB card, and payment to the address on the previous side, send any comments or questions to Cheryl Archibald, (505) 292-2001 or <a href="mailto:carchibald@nicoa.org">carchibald@nicoa.org</a>

Once NICOA receives your payment you will receive your membership card in the mail, keep this card in a safe place and bring it with you to the NICOA Conference, you may win a prize.