

## **Membership Dues**

January 1, 2023 – December 31, 2024

□ NEW □ RENEWAL- NICOA ID#:

Individual (Personal) Membershi	p Information (Please prin	nt or type clearl	y, one person per forn	<u>n)</u>
Name:				<u>.</u>
PERSONAL Mailing Address:				
City:				
Email Address:				
Note: This is your personal membershi			o that we can update yo	ou about NICOA.
Billing or Tribal contact: Contact inform	nation if someone other than the E	lder is paving on th	eir behalf	
□ SELF OR □ Billing Tribe/Organization				
			Phone:	
Contact Name/Title: Billing Address:	City:	Sta		
Email:			·	
and Tribes, recognized by the United States De <u>CDIB CARD</u> . If your CDIB card is not available above is a registered member of the <b>Tribe. Date of Birth</b> :C <b>Certified by</b> (please print): <b>Email</b> :	- <mark>you must have your tribe's auth</mark> DIB / Enrollment Number is:	norized enrollment	cofficial attest to the folk	owing. The person 
MEMBERSHIP TYPE: (requirements 1. Voting Member- Must be 55 yrs- 2. Associate Member (non-voting 3. Organization Associate Memb	and specifics on other side) I - and a member of a Federall g)- Any person who is not a v	Please Check ly recognized tri voting member:	be: (online/CC \$160) (online/CC \$265)	□ \$150 □ \$250 □ \$500
Mail this form with payment by National Indian Council on Aging Attn: Cheryl Archibald (Membership De 8500 Menaul Blvd. NE, Ste. B470 Albuquerque, NM 87112	Jes) (	For questions pl (505) 292-2001 <b>r the 2023 Ame</b>	OA at: ease call: Cheryl J. Ard or <u>carchibald@ncoa.c</u> rican Indian Elders Co Watch our website:	org onference
NICOA USE ONLY Received by: Date:	GZ Invoice:			
Date to Finance:				

NO REFUNDS FOR MEMBERSHIP DUES, CAN BE TRANSFERRED UPON WRITTEN REQUEST