



# National Congress of American Indians

## 2021-2022 INDIVIDUAL MEMBERSHIP APPLICATION

**YES! I** support the continuing work and purpose of the National Congress of American Indians and I want to become a Member in good standing

**\$40 Individual Indian Member**  
One Vote, NCAI Broadcast emails to one email, Reduced conference rates, copy of our publications throughout the year, One NCAI car decal, Welcome letter with membership card

**\$40 Individual Associate Member**  
Non-Voting, NCAI Broadcast emails to one email, Reduced conference rates, copy of our newsletter, the *Sentinel*, One NCAI car decal, Welcome letter with membership card

**\$500 Organization Associate Member**  
Non-Voting, NCAI Broadcast emails to two emails, Reduced conference rate for two at each conference, copy of our publications throughout the year, Name listed in web directory of supporters

**\$1,000 Individual Indian LIFETIME Member**  
Lifetime Voting, NCAI Broadcast emails to one email, Reduced conference rates, copy of our publications throughout the year, One NCAI car decal, One NCAI T-shirt, Lifetime Membership Card

**\$1,000 Individual Associate LIFETIME Member**  
Non-Voting, NCAI Broadcast emails to one email, Reduced conference rates, copy of our publications throughout the year, One NCAI car decal, One NCAI T-shirt, Lifetime Membership Card

*Membership is not transferable and may be used only by the person whose name is printed on this form. NCAI is a voluntary membership organization and membership in NCAI does not determine status as a member of any American Indian or Alaska Native Tribe.*

I AM INCLUDING A TAX DEDUCTIBLE DONATION OF:

\$50

\$100

\$250

\$500

Other

**\*Required Fields**  
\*Name: \_\_\_\_\_  
\*Title: \_\_\_\_\_  
\*Tribe/Tribal Affiliation/Organization: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\*Telephone: \_\_\_\_\_  
\*E-Mail Address: \_\_\_\_\_

(Please configure your spam filter to allow NCAI electronic Broadcasts & Alerts)

### For Organization Associate Membership Use Only:

\*E-mail Address #2: \_\_\_\_\_

\*Website: \_\_\_\_\_

### PAYMENT INFORMATION

Enclosed is a Check or Money Order [Mail to: NCAI, 1516 P Street NW, Washington, DC 20005]

### NCAI STAFF USE ONLY [Please do not write in this area]

Payment Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Received By: \_\_\_\_\_

Credit Card Authorization Number: \_\_\_\_\_ Check #: \_\_\_\_\_

For more information or to pay by credit card please call 202-466-7767