# 2022-2023 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.

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40 Individual Indian Member</td>
<td>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</td>
</tr>
<tr>
<td>$40 Individual Associate Member</td>
<td>Non-Voting, NCAI Broadcast emails to one email, Reduced conference rates, copy of our newsletter, the <em>Sentinel</em>, One NCAI car decal, Welcome letter with membership card</td>
</tr>
<tr>
<td>$500 Organization Associate Member</td>
<td>Non-Voting, NCAI Broadcast emails to two emails, Reduced conference rate for two at each conference, copy of our publications throughout the year, Copy of our newsletter, the <em>Sentinel</em>, One NCAI car decal, Welcome letter with membership card</td>
</tr>
<tr>
<td>$1,000 Individual Indian LIFETIME Member</td>
<td>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</td>
</tr>
<tr>
<td>$1,000 Individual Associate LIFETIME Member</td>
<td>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</td>
</tr>
</tbody>
</table>

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.

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**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