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National Indian Council on Aging, Inc.						

## **2 Year Membership Dues**

January 1, 2020 – December 31, 2022

 RENEWAL- NICOA ID#:\_\_\_\_\_ 🗆 NEW

	· _		type clearly, one person per forr	<u>n)</u>		
	Idross:					
			Phone:			
Note: This is your pers	onal membership, please	provide <b>personal</b> contact i	nformation so that we can update yo	ou about NICOA.		
Billing or Tribal conta	act: Contact information if so	meone other than the Elder is	s paying on their behalf			
🗆 SELF or 🗆 Billing	Tribe/Organization					
Contact Name/Title:			Phone:			
			State:			
CDIB CARD. If your CDIB ca	ard is not available- <mark>you must</mark>	have your tribe's authorize	ACH A COPY OF <u>PROOF OF TRIBAL</u> ad enrollment official attest to the foll	lowing. The person		
Tribe. Date of Birth:	CDIB / Enrol	Iment Number is:	Expiration Date:	□N/A		
Certified by (please print): _			Phone:			
Email:						
MEMBERSHIP TYPE:	(requirements and spec	ifics on other side) <b>Plea</b>	se Check one:			
1. Voting Member-	Must be 55 yrs+ and a m	ember of a Federally red	cognized tribe: (online/CC \$160)	□ \$150		
2. Associate Member (non-voting)- Any person who is not a voting member: (online/CC \$265)						
3. Organization Asso	ociate Member- Non-	voting (1) organization r	member: (online/CC \$525)	□ \$500		
Mail this form with National Indian Council Attn: Cheryl Archibald ( 8500 Menaul Blvd. NE, S Albuquerque, NM 8711	Membership Dues) Ste. B470	For q (505)	uestions please call: Cheryl J. Ar 292-2001 or <u>carchibald@ncoa.</u> 2020 American Indian Elders C	org onference		
NICOA USE ONLY Received by: [	)ate:	Membership #:	GZ Invoice:			
Date to Finance:	Chec	k #/Amount:				