

2023-2024 Membership Dues

January 1, 2023 – December 31, 2024

Thank you for deciding to support National Indian Council on Aging, Inc. by purchasing a membership. Memberships are for 2 (two) calendar years. The instructions on how to fill out the form are below. You might be asking yourself, what do you get when you become a member?

- You will receive a discount on pricing for the biennial conference
- You will have the option of helping us with surveys and information gathering (For NICOA use only)
- Any webinars that we create you will be able to access them without a cost
- You will be helping us continue our work for the Elders we serve
- You will also receive a NICOA Pin. If it isn't mailed to you, ask the registration desk for it at the conference. If you don't go to the conference, send an email to Cheryl at <u>carchibald@nicoa.org</u> or give her a call at (505)292-2001 to request your pin

Purchase your membership now for a discounted rate when you register for the 2023 AI/AN Elders Conference, Cherokee, NC at the Cherokee Harrah's Casino Resort

1. Name – please provide us your name.

2. Personal Mailing Address - NICOA would like to be able to reach our community to inform you of upcoming events that you may be interested in. No junk mail, etc. We will NEVER sell your information or share it with anyone without your permission.

3. Email Address – Again we would like to keep you updated about what is happening and add you to our Newsletter with valuable information about what is happening in Indian Country. We will never sell or share your information without your written permission. Any information we gather will remain with NICOA.

4. Billing or Tribal Contact- Contact information of the person, tribe, or organization that is paying the membership dues for the person listed above. If you are paying leave this section blank. We ask for this information if there is a billing question.

5. Voting Member Only – This section needs to be filled out for a Voting Member; this is a person that is 55+ years of age, AND they are a member of a federally recognized tribe. Please attach a copy of your CDIB, Letter in lieu of a card, or if you don't have your card, fill out the information below. This allows us to validate you as a Voting Member.

Tribe- federally recognized name; Date of Birth- validates your age for a Voting Member; CDIB / Tribal enrollment number; Expiration date *if applicable*.

6. Membership Type- Check the box next to the type of member you are.

- Voting Member- Must be 55 yrs.+ and a member of a Federally recognized tribe. The difference between a Voting Member and an Associate Member is that the Voting Member can attend their regional caucus meeting during the conference and vote on any resolutions that are presented; you will (every 4 years, 2 conferences) elect your regional representative on the NICOA Board of Directors.
- Associate Member (non-voting)- Any person who is not a voting member

Once you have filled the form out, the membership is for one member; if you have a spouse, they need to complete a form as well and attach it to the form. You can put two or more memberships on one check or money order. If you have a group of people (10 or more) and you want a template email <u>carchibald@nicoa.org</u> and I will send you the form.

If you have any questions or want to pay with a credit card, please contact the NICOA office at (505) 292-2001. Or send an email to <u>carchibald@nicoa.org</u>. You can go to our website and pay online, there is a 5% service charge for a credit card.



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Individual (Personal) Membership Information (Please print or type clearly, one person per form)

(1) Name:							
(2) PERSONAL	Mailing Add	ress:					
City:		State:	Zip:	Phone:			
(3) Email Addres	s:						
Note: This is your	r personal men	ibership , please provide	personal contac	t information so that v	<mark>we can upda</mark>	<mark>te you about NICOA.</mark>	
(4) Billing or Tri	bal contact:	Contact information if so	meone other than	the Elder is paying o	n their behal	f	
	R 🗆 Billing Ti	ribe/Organization					
Mailing Address:			_City:		_State:	Zip <u>:</u>	
Email Address:	Idress:Phone:						
(5) VOTING	MEMBERS C	ONLY – Complete thi	is section and	attach a copy of	CDIB/pro	of of enrollment:	
Indian Tribe, Band	d, or Combinat	Merican Indian or Alas ion of Bands and Tribes LLMENT OR CDIB CARD.	s, recognized by	the United States D	epartment of	of the Interior". PLEASE	
Tribe.							
Date of Birth:	c	DIB/Enrollment Number:		Expira	ition Date:	<u> </u>	
(6) MEMBERSH	HIP TYPE: (red	quirements and specifi	ics on other side) Please Check o	one:		
1. Voting Member- Must be 55 yrs.+ and a member of a Federally recognized tribe: (online/CC \$160)							
2. Associate M	lember (nor	I-voting)- Any persor	n who is not a vo	oting member: (onli	ne/CC \$265)	□ \$250	
Mail this form	with payme	nt by Check or Mor	ney Order Pay	able to NICOA a	t:		
NICOA USE ONLY		Attn: Cheryl A 8500 Me	Indian Council (rchibald (Meml naul Blvd. NE, S querque, NM 87	pership Dues) te. B470			
Received by:	Date:	To Finance:	Check or GZ	Invoice#:		Amount:	

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