



National Congress of American Indians

2024 - 2025 TRIBAL MEMBERSHIP APPLICATION

NEW MEMBERSHIP

MEMBERSHIP RENEWAL

TRIBAL DUES AMOUNT: \$ _____

TRIBE: _____

TITLE/TRIBAL LEADER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

GENERAL TRIBAL E-MAIL: _____

WEBSITE: _____

Tribal Membership provides Broadcasts and Alerts to two [2] E-Mail Addresses: [Please print clearly]

Name: _____ E-mail #1: _____

Name: _____ E-mail #2: _____

Please configure your spam filter to allow for NCAI electronic broadcasts and alerts]

CHECK # _____

Enclosed is a check or money order payable to the National Congress of American Indians

TO PAY BY CREDIT CARD PLEASE SCAN PAPERWORK TO MEMBERSHIP@NCAI.ORG AND CALL (202) 466-7767.

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

Payment Received: \$ _____ Date: _____ Received By: _____

Credit Card Authorization Number: _____ Check #: _____