

# North American Indian Women's Association

## APPLICATION/RENEWAL MEMBERSHIP FORM

- Membership in NAIWA is renewed annually by June 1 for an entire year. There are no provisions for partial year membership.
- Those eligible for membership: Any American Indian, Alaskan Native, or Canadian woman, 18-years of age or older, who is officially identified as a member of a federally recognized Indian tribe/Nation.

To be a member of NAIWA, one must be a member of the National Association. One cannot be a member of the local or state chapter without being a member of the National Association. If a member lives in an area where there is no chapter, they become a member-at-large.

Each year before the Annual Conference in June, individuals must renew their membership through their local or state chapter. Members-at-large renew membership through the National Director of Membership.

New applicants shall attach a copy of their Certificate of Indian Blood (CIB) or enrollment ID card from the appropriate Bureau of Indian Affairs of her tribal government – if this information is not attached, the application will not be forwarded to the Director of Membership, for issuance of a membership card.

Please complete this form and return to your local/state chapter Director of Membership with \$15.00 annual dues, plus (if applicable) \$5.00 for local or state chapter dues. They will be compiled and forwarded to the National Director of Membership.

**Please print all information (except signature).**

<b>Name</b> _____	<input type="checkbox"/> <b>New member</b>
<b>Tribe</b> _____	<input type="checkbox"/> <b>Renewal</b>
<b>Address</b> _____ _____ _____	<b>Region/Chapter</b> _____
<b>Phone</b> _____	
<b>E-mail</b> _____	
<input type="checkbox"/> <b>I would like my name included in the National NAIWA Directory</b>	<input type="checkbox"/> <b>No thank you</b>
<b>Occupation</b> _____	
<b>Signature</b> _____	<b>Date</b> _____

**Please send completed form & payment to: Randy Truelove Chalakee  
PO BOX 2265, 1801 E 4<sup>th</sup> Street  
Okmulgee, OK 74447**

State Verification (if applicable): _____	
State Secretary or Treasury: _____	Date _____

<b>THIS PORTION TO BE FILLED OUT BY NATIONAL DIRECTOR OF MEMBERSHIP</b>	
<input type="checkbox"/> <b>Approve</b>	<input type="checkbox"/> <b>Disapprove</b> If disapproved, reason: _____
<b>Date received Certificate of Indian Blood</b>	_____
<b>Date membership card issued</b>	_____