

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 or Alaskan Native or Canadian woman, eighteen 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 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. Membership-at-large renew membership through the National Director of Membership.

All **new** applicants for membership shall attach a copy of their Certificate of Indian Blood(CIB) or enrollment ID card from the appropriate Bureau of Indian Affairs or 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 it with \$15.00 annual dues plus (if applicable) your local and state dues (\$5.00) to: Your **LOCAL** NAIWA Director of Membership. They will be complied and forwarded to the National Director of Membership.

Please print all information. (Except signature).

Name:	_____		
Tribe:	_____		
Address:	_____	_____	New NAIWA Member
	_____	_____	Renewal NAIWA
	_____	_____	Region
Phone: (H)	_____	(W)	_____
Email:	_____		
I would like my name listed in the National NAIWA Directory	_____	Yes	_____
		No	_____
Occupation:	_____		
Signature:	_____	Date:	_____

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

Send completed form and payment to: **Clara Green, NAIWA-NM Chapter, Membership Director**
7311 Keel Avenue NW, Albuquerque, NM 87120

THIS PORTION TO BE COMPLETED BY THE NATIONAL MEMBERSHIP DIRECTOR

Approved / Disapproved for Membership. If disapproved, reason: _____
Date received Certificate of Indian Blood: _____ Date Issued Membership Card: _____

2019

2020

2021