



NICWA

National Indian Child Welfare Association
Protecting our children • Preserving our culture

Application for Membership

Yes, I want to join NICWA's effort to protect Indian children and families.

Categories of Membership

Individual	Tribal ICW Agency	Organizational and Institutional
Basic \$35 - \$49	Budgets under \$20,000 \$100	Budgets under \$20,000 \$100
Friend \$50 - \$99	\$20,000 to \$50,000 \$250	\$20,000 to \$50,000 \$250
Advocate \$100 - \$249	\$50,001 to \$150,000 \$500	\$50,001 to \$150,000 \$500
Benefactor \$500 or more	\$151,000 to \$300,000 \$750	\$151,000 to \$300,000 \$750
	\$300,000 over \$1000	\$300,000 over \$1000

Membership Category (please check one) Individual Tribal Organizational

YES, you may publish my contact information in NICWA's Membership Directory. (please confirm)

PLEASE PRINT CLEARLY

Contact Information

Please check mailing address as: Home Address Business Address

PREFIX (circle one) Ms. Mrs. Mr. or _____	LAST NAME	FIRST NAME	MIDDLE INITIAL
	JOB TITLE		EMPLOYED BY (ORGANIZATION NAME)

MAILING ADDRESS

CITY, STATE	ZIP	E-MAIL
PHONE ()	FAX ()	EXT.#

Tribal Affiliation _____ Not A Tribal Member

Do you work with Indian children? Yes If so, what agency? _____
 No

Is your agency/organization tribally operated or Indian owned or controlled? Yes No

Payment Information

Membership Fee \$ _____

Please make checks or money orders payable in U.S. funds to NICWA and mail along with this form to:

NICWA Membership
5100 SW Macadam Avenue, Suite 300
Portland, OR 97201

Credit cards are gladly accepted (check one). Fax form with credit card information to 503.222.4007.

VISA Mastercard Discover Card # _____

Signature _____ Exp. Date ____ / ____

Your membership is tax-deductable to the extent allowed by law.