North American Indian Women's Association

RENEWAL \ APPLICATION 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 Alaska 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 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.

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, this application will not be forwarded to the Director of Membership, for issuance of a membership card.)

Please complete this form and return it with $20.00 annual dues plus (if applicable) your local and state dues to: Your LOCAL NAIWA Director of Membership. They will be compiled and forwarded to the National Director of Membership.

Please check here if you are not applying through a chapter but applying as a member-at large_____.

Name: _____

Tribe: _____

Address: _____ ___ New NAIWA Member

_____ ___ Renewal NAIWA

_____

Phone : (H) _____ Cell: _____

Email: _____

I would like my name listed in the National NAIWA Directory Yes or No

Occupation: _____

Signature: Date:

State Verification: (if applicable)

_____

State Secretary or Treasurer Date

Send completed form to:

Kristin Melton, National Director of Membership
P.O. Box 66122

Albuquerque, New Mexico, 87114 (505) 358-9181 kristin@aidainc.net

THIS SECTION TO BE COMPLETED BY THE NATIONAL DIRECTOR OF MEMBERSHIP

Approved/Disapproved for Membership. If disapproved, reason: _____

Date received Certificate of Indian Blood:_____ Date Issued Membership Card:_____

2023-24 2024-25 2025-26