

Membership Form

American Indian-Alaska Native Employees Association

"Respect, Harmony, and Beauty"
www.aianea.org



Date: _____

Name: _____

Position/Title: _____

Preferred Mailing Address: Office Home Email

Mailing Address: _____ New Address?

City: _____ State: _____ Zip Code: _____

email: _____

Tribal Affiliation (optional, if any): _____

Do you authorize the Association to share your contact information with fellow members?
Note: Your personal information will not be shared outside our membership.

Yes No

Membership Choice (Membership is for one calendar year January 1 to December 31)

My membership is for the year 20 _____

AIANEA Elder Council Lifetime - Free

Regular - \$25.00 Renewal

Associate (Student) - \$15 full-time high school or college students

Lifetime - \$250 or payable in 4 installments of \$65/year.

Enclosed is payment # 1 2 3 4

Institutional (American Indian Junior Colleges) - \$100

Other Institutional Tribal - \$500

Other Government/Entity - \$1,000

NRCS SEPM/Tribal Liaison – FREE for One Year

Dues can be paid via PayPal by scanning below or paid by check, payable to AIANEA and mailed to:

AIANEA
c/o Sherry Cosper, Treasurer
PO Box 515
Temple, Texas 76503



 **PayPal**



**Mail membership form to above address
or email to aianea.nracs@gmail.com**