

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

Do you authorize the Association to share your contact information with fellow members? Yes No

Note: Your personal information will not be shared outside our membership.

Mailing Address: _____ New Address?

City: _____ State: _____ Zip Code: _____

Phone: _____

e-mail: _____

Tribal Affiliation (optional, if any) _____

Membership Choice

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

My membership is for the year 20

Regular—\$25.00 Check here if this is a renewal membership.

Student—\$10.00 full-time high school or college students

Lifetime—\$250.00 or payable in 4 installments of \$65/year

Enclosed is payment # 1 2 3 4

Tribal College—\$100.00

Tribal—\$500.00

Dues can be paid via PayPal at
aianea.nrcs@gmail.com or paid by check.
If by check, make payable to AIANEAA and mail to:
Sherry Cosper
PO Box 515
Temple, TX 76503

