



## Application for Annual Organizational Membership

Please complete and return this form to ATAA by email: [hello@aktaa.org](mailto:hello@aktaa.org)

**Membership Type:**

Tribal Consortia(<10) - \$10,000 <sup>1</sup>  Associate Organizational Member - \$20,000 <sup>2</sup>  Tribal Consortia(>10) - \$20,000 <sup>3</sup>  Tribal Member - \$775 <sup>4</sup>

Memberships are valid for the calendar year in which you've enrolled. Unless otherwise specified your membership expires every December 31st.

Please include all names you would like included in your membership.

Date: \_\_\_\_\_

**Organizational Membership**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Tribe/Org: \_\_\_\_\_ Title: \_\_\_\_\_

Your Birthday: \_\_\_\_\_ Employment Anniversary: \_\_\_\_\_  
Month Day

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Tribe/Org: \_\_\_\_\_ Title: \_\_\_\_\_

Your Birthday: \_\_\_\_\_ Employment Anniversary: \_\_\_\_\_  
Month Day

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Tribe/Org: \_\_\_\_\_ Title: \_\_\_\_\_

Your Birthday: \_\_\_\_\_ Employment Anniversary: \_\_\_\_\_  
Month Day

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Tribe/Org: \_\_\_\_\_ Title: \_\_\_\_\_

Your Birthday: \_\_\_\_\_ Employment Anniversary: \_\_\_\_\_  
Month Day

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment Format**

Please indicate:  Credit Card  Check (payable to Alaska Tribal Administrators Association)

Type of Credit Card  Visa  Mastercard

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

1 - Tribal Consortia with less than 10 tribes    2 - Any organization providing services to tribal governments and tribal members    3 - Tribal Consortia with more than 10 tribes    4 - Any federally recognized Alaska Tribal Government