



Application for Individual Membership

Please complete and return this form to ATAA by email: hello@aktaa.org

Membership Type:

Individual Member - \$200 Indiv. Associate Member - \$200 Tribal Members - \$375 Student Members - \$50

Individual

Full Name: _____ Email: _____
Tribe: _____ Title: _____
Address: _____
Street City State Zip
Phone: _____ Fax: _____

Tribal Members

Tribe: _____
Address: _____
Street City State Zip
Full Name: _____ Email: _____
Title: _____
Full Name: _____ Email: _____
Title: _____
Full Name: _____ Email: _____
Title: _____
Full Name: _____ Email: _____
Title: _____

Student

Full Name: _____ Email: _____
Address: _____
Street City State Zip
Institution/School: _____ Degree: _____
Completion: _____