



American Indian Association Membership Application

Date of Application: _____ Date of Birth: _____

Name: _____
(Last) (First) (Middle)

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____ Email: _____

Employer: _____

Occupation: _____

Duties: (Give a brief description) _____

Please provide the following information

Are you Native American? Yes _____ No _____ Heritage? Yes _____ No _____

Tribe: _____ Tribal Affiliation: _____

Enrolled? Yes _____ No _____ Federal _____ or State _____

Legal Name: _____ Signature: _____

A.K.A. (if desired) _____

Do not write below this line

Action taken on application: Approved _____ Disapproved _____

Date of action: _____ New: _____ Renewal: _____

Association Membership Identification issued on: _____

Dues paid: Yes _____ No: _____ Single member: _____ Family: _____

Board member assigned: _____

(Over)

Membership Profile

1. What do you have to offer the A.I.A? _____

2. What are you looking for in the A.I.A? _____

3. Do you have any skills or talents you could share? Yes _____ No _____

4. What are your hobbies? _____

5. Are you a business owner? Yes _____ No _____ If yes, are there services/products the A.I.A. could use? Yes _____ No _____

6. Would you be willing to speak/demonstrate at a meeting? Yes ___ No ___

7. Do you have time to be a volunteer? Yes _____ No _____ If yes, how much time can you volunteer? _____

8. Would you be interested in serving on any of the following committees?
Please check no more than 2

_____ Sunshine	_____ Education	_____ Community Relations
_____ Arts & Crafts	_____ Membership	_____ Youth Programs
_____ Special Events	_____ Powwow	_____ Public Relations

9. Would you be willing to chair any of the above committees? If yes, which committees? _____

10. What additional committees would you recommend? _____
