



## 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 - \$375 <sup>4</sup>

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

*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*

### Organizational Membership

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

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

Address: \_\_\_\_\_

Street City State Zip

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

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

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

Address: \_\_\_\_\_

Street City State Zip

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

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

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

Address: \_\_\_\_\_

Street City State Zip

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

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

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

Address: \_\_\_\_\_

Street City State Zip

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

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

### 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: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

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