

Native American Fish and Wildlife Society

MEMBERSHIP APPLICATION



MEMBERSHIP DUES (CHECK ONE)

____ Member Tribe (\$250/year)

____ Individual Member (\$50/year)

NAME: (First) _____ (Last) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

OCCUPATION/TITLE: _____

PHONE: (Work) _____ FAX: _____

CELL PHONE: _____ EMAIL: _____

TRIBAL ENROLLMENT: (Yes) _____ (No) _____ TRIBE: _____

PAYMENT BY: CHECK# _____ CREDIT CARD #: _____

CVC #: _____ Credit Card Expiration Date: _____

Please make checks payable to: Native American Fish & Wildlife Society and mail to 10465 Melody Drive, Ste. 307, Northglenn, CO 80234

THANK YOU FOR YOUR MEMBERSHIP AND SUPPORT OF THE NAFWS!

-FOR OFFICE USE ONLY-

Membership date: _____ Date paid: _____ Amount: _____