

Native American Fish and Wildlife Society

MEMBER TRIBE MEMBERSHIP APPLICATION



MEMBERSHIP DUES

____ Member Tribe (\$250 annual)

TRIBAL NAME: _____

TRIBAL LEADER NAME: _____

TITLE: _____ TRIBAL WEBSITE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Work) _____ FAX: _____

TRIBAL ADMINISTRATION EMAIL ADDRESS: _____

RECOGNITION STATUS: FEDERAL _____

****If you are a State recognized tribe, please submit the Individual Membership application****

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: _____