

MEMBERSHIP APPLICATION

NAME:

MAILING ADDRESS:

CITY:

STATE

TELEPHONE:

TRIBE AFFILIATION (S):

CHOICE OF MEMBERSHIP & AREA OF Interests

- INDIVIDUAL \$10
- FAMILY \$15
- ORGANIZATIONAL \$75

CIRCLE ANY AREA(S) OF INTEREST:

FUND RAISING

PROGRAM COMMITTEE

CULTURAL ACTIVITIES

EDUCATIONAL ACTIVITIES

EDUCATIONAL ACTIVITIES

DANCING

POW WOWS

PUBLIC RELATIONS

SCHOLARSHIP

MEMBERSHIP ACTIVITIES

FINANCE COMMITTEE

NEWSLETTER

PROMOTIONAL/PUBLICITY

JUDICIAL EDUCATIONAL

BY-LAWS

HOSPITALITY

MAIL TO: ALLIED TRIBES, P.O. BOX 750284, TOPEKA, KS. 66675-0284