

## **AIEA Membership Application**

"Collaborating to Strengthen Indian Education"

The Arizona Indian Education Association is a 501(c)(3) non-profit corporation. Annual Membership Period: November 1, 2022 – October 31, 2023

Mail to:   Inter I Tribal Council of Artzona, Inc.	☐ New Member ☐ Renewal	Make check payable to: ITCA
City:   State:   Zip:		Mail to: Inter Tribal Council of Arizona, Inc.
MEMBERSHIP TYPE (check one):    Private Corporation or Business   \$100.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues, entitled to one (1) vote maximum   \$25.00 annual dues, entitled to one (1) vote maximum   \$25.00 annual dues, entitled to one (1) vote maximum   \$25.00 annual dues, entitled to one (1) vote maximum   \$25.00 annual dues, entitled to two (2) votes maximum   \$25.00 annual dues, ent		•
MEMBERSHIP TYPE (check one):    Private Corporation or Business   \$100.00 annual dues, entitled to two (2) votes maximum   \$50.00 annual dues,		
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□ Tribal Education Program (TEP) \$50.00 annual dues, entitled to two (2) votes maximum   □ Other Educational Agency (OEA) \$50.00 annual dues, entitled to two (2) votes maximum   □ Individual Membership \$25.00 annual dues, entitled to one (1) vote maximum   PRIVATE CORPORATION OR BUSINESS, LEA, TEP, OEA MEMBERSHIP   Name of Organization/Tribe:   Primary Contact Name:   Mailing Address:   City: State:   Zip:    Designated Voter Representatives  1) Name:  Phone:  Email:  INDIVIDUAL MEMBERSHIP  Name:  Tribal Affiliation:  Address:  City: State:   City: State:   Zip:    FOR OFFICIAL USE ONLY:	☐ Private Corporation or Business	\$100.00 annual dues, entitled to two (2) votes maximum
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PRIVATE CORPORATION OR BUSINESS, LEA, TEP, OEA MEMBERSHIP  Name of Organization/Tribe:  Primary Contact Name:  Mailing Address:  City: State: Zip:  Designated Voter Representatives  1) Name: Phone: Email:  2) Name: Phone: Email:  INDIVIDUAL MEMBERSHIP  Name: Tribal Affiliation: Address: City: State: Zip: Phone: E-mail:		, , , , , , , , , , , , , , , , , , , ,
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INDIVIDUAL MEMBERSHIP  Name: Tribal Affiliation:  Address:  City: State: Zip:  Phone: E-mail:	<u> </u>	T
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