American Indian Society of D.C. - Registration



| DATE: | | |
|---|---|--|
| PRIMARY MEMBER (enter | the primary member information | legibly) |
| FIRSTNAME: | LASTNAME: | SUFFIX: |
| ADDRESS | | |
| CITY, STATE, ZIP | | |
| EMAIL ADDRESS: | | |
| PHONE: | PHONE TYPE: | ☐ Mobile ☐ Home ☐ Other |
| MEMBERSHIP TYPE (pleas | se select one) □Individual - \$15.0 | 00 □Family - \$20.00 |
| and will be due again in | ct until the end of the year in w January. However, membership ct until the end of the following | |
| - | clude the primary member, one enter the names and birthdates | other adult, and children under of children only in this form. |
| NEWSLETTER PREFER | ENCE: □Via Email □Via | a Postal Mail □Do not send |
| TRIBAL AFFILIATION | NAME(s) AND STATE(s) (if app | olicable): |
| • | ner than already named above | |
| NAME 1: | | or Child / Birthdate |
| NAME 2: | | Birthdate |
| NAME 3: | | Birthdate |
| Submit this form with characterist American Indian S ATTN: Membersh P.O. Box 606 Dumfries, VA 2202 | Society of DC | on Options: od of AIS \$10 re most needed \$25 larship Fund \$50 der Memorial \$100 r \$ |
| https://aisdc.org/membersh | onically and pay online using PayPal, ip and scroll down to select "TO BECO ASE CLICK HERE". Only payments will | ME A NEW MEMBER OR RENEW YOUR |
| AISDC Use: Form Received I | by | Event: |