



Indian Council of Many Nations Membership Application

Contact Information						
Name:						
Street Address:						
City:		State		Zip code:		
Home Phone:			Work Phone:			
Date of Birth:						
E-Mail Address:						
Tribal Affiliation:		Enrolled:	Yes	No	Lineal Descent:	Yes No

Availability						
Are you interested in dancing?	Yes	No	Northern?	Southern?		
Are you interested in singing?	Yes	No	Northern?	Southern?		
Interested in Craft Classes?	Yes	No	What type?			
Other interest (Please specify):						
The ICMN does various fundraising events, preparing Native American dishes such as Fry Bread, Indian tacos, etc. Would you be able to volunteer time to achieve our goals? <div style="text-align: right;">Yes No</div>	What area of volunteering would you be interested in?					
	Food Preparation:		Cooking:		Serving:	
	Likely days preferred:		Thursday		Friday	
	Saturday		Sunday		Flexible	
	Setup		Midday		Breakdown	

Agreement and Signature						
I will abide by the rules and regulations of the Indian Council of Many Nations as outlined in the Constitution and Bylaws.						
I further give / do not give (circle one) my permission to the Indian Council of Many Nations to have my name, address and telephone number listed in the Indian Council of Many Nations roster and that such usage will be limited to the Indian Council of Many Nations and not released to any outside organization without my expressed permission.						
Signature						
Print Name						
Date						
Membership Fee: (circle)	Single: \$12.00	Family: \$15.00	Cash	Check	Money Order	Amount enclosed: _____

** Dues are payable annually in January and delinquent on February 1st, and non-members on March 1st.

Make checks payable to : ICMN
Mail to: ICMN Membership, 600 W 39th St. Suite 101, Kansas City , Mo, 64111