



Triangle Native American Society
P.O. Box 26841
Raleigh, NC 27611
www.tnasweb.org

**Triangle Native American Society
Membership Application
(Please type or print clearly)**

Name _____ Date of Birth _____

Address _____

City _____ County _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

E-Mail _____

Place of Employment _____

Position/Job Title _____

Categories of Membership (Check One):

_____ Regular \$25.00 American Indian living in the Triangle Area
Tribal Affiliation & Enrollment Number _____

_____ Family \$30.00 Spouse Name _____
Date of Birth _____
If Native, Tribal Affiliation & Enrollment Number _____

Spouse E-mail _____
Child(ren) Name(s) _____
Date(s) of Birth _____
If Native, Tribal Affiliation & Enrollment Number(s) _____

_____ Associate \$25.00 American Indian living outside the Triangle Area
Tribal Affiliation & Enrollment Number _____

_____ Family \$30.00 Spouse Name _____
Date of Birth _____
If Native, Tribal Affiliation & Enrollment Number _____

Spouse E-mail _____
Child(ren) Name(s) _____
Date(s) of Birth _____
If Native, Tribal Affiliation & Enrollment Number(s) _____

_____ Student \$5.00 Full time American Indian college student
Tribal Affiliation & Enrollment Number _____

_____ Affiliate \$25.00 Individuals not eligible for registered memberships