



Indian Council of Many Nations

Membership Application

Contact Information

Name:					
Street Address:					
City:		State:		Zip Code:	
Home Phone:		Other Phone:			
Date of Birth:					
Email Address:					

Availability

Agreement and Signature

I will abide by the rules and regulations of the Indian Council of Many Nations as outlined in the organization's Constitution and Bylaws.

I hereby give the Indian Council of Many Nations permission to list my name, address and telephone numbers in the member directory and permit use of such for ICMN purposes only. My personal contact information may not be distributed or made available to any individual or organization by ICMN without my express consent.

Printed Name:		
Signature:		Amount Enclosed: \$ _____
Date:		<input type="checkbox"/> Cash <input type="checkbox"/> Chk/MO # _____

Membership Type (Select One)	<input type="checkbox"/> Single Adult (18+) \$15.00	<input type="checkbox"/> Family \$20.00	<input type="checkbox"/> Supporting \$100.00	<input type="checkbox"/> Contributing >= \$50.00
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**** Dues are payable annually on January 1, delinquent as of February 1, membership is inactive if not paid by March 1**

Make checks payable to : ICMN

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

www.kc-icmn.org

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