



Intertribal Community Council of Texas

Business Membership Form

Date: _____

Contact Name: _____ Contact Phone: _____

Business Name: _____ Business Owner: _____

Business Email: _____ Business#: _____

Address: _____ City: _____ State: _____ Zip: _____

Tribal Affiliation: _____ (To list business as Native owned, documentation must be submitted.)

Availability

Are employees willing/available to volunteer: Yes No Prefer not to answer

We would like to be contacted for event planning/organizing/volunteering: Yes No

About Business

How long has the company existed? _____

Have you ever participated in a Community group/non-profit/organization? Yes No

-Tell us anything you want us to know; How you can help the Native American/American Indian Community; or What interests you about ICCT and how you want to help:

Membership Fee: \$50

We Support and Strengthen our Indigenous Community for a Better Future