



# Intertribal Community Council of Texas

## Membership Form

Date: \_\_\_\_\_

DOB: Month/Day \_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Availability

Preferred Contact:  Phone  Text  Email

I am available:  Weekdays  Weekends  Prefer not to answer

Would you like to be contacted for event planning/organizing/volunteering:  Yes  No

### About Me

How long have you lived in the DFW Metroplex? \_\_\_\_\_

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:

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### ICCT TREASURER USE ONLY

Registration Fee:  \$10 Individual  \$5 Senior 65+  Free 16 and under

Payment Method: \_\_\_\_\_ Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_