



# AISES Membership Application 2008-2009

Please Print Clearly or Type  New Member  Renewing

Note: Membership cycle is August 1 – July 31 each year

## Section 1: DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_  
Last First MI

Tribal affiliation: \_\_\_\_\_ Band: \_\_\_\_\_

AISES ID: (optional) \_\_\_\_\_  
Birth Month-Birth Day-Last 4 SSN-Gender-AISES Animal

Blood Degree: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*SSN# (last 4 digits required): \_\_\_\_\_

Street Address

\*Gender:  Male  Female

City/Province State Zip Country

\*Email: \_\_\_\_\_

Permanent Telephone: (\_\_\_\_) \_\_\_\_\_

I am joining AISES for:  Scholarships  Internships  Networking  
(check all that apply)  National Conference  Career Opportunities  
 Other \_\_\_\_\_

Please send my mail to:  Home  School  Work Address  
If not specified, your mail will be sent to the address above.

\*This information will be used to assign you a Member ID in the AISES Database. Your Member ID is required for all online transactions.

## Section 2: EDUCATION INFORMATION

Expected Graduation Date: \_\_\_\_\_

I am currently a(n):  Undergraduate  Graduate  Professional

School Name: \_\_\_\_\_

I am pursuing the following degree:

Your School Address (if different than above): \_\_\_\_\_

Undergraduate Degree: AA / AS / BA / BS / Other: \_\_\_\_\_

Graduate Degree: MA / MS / PhD / Other: \_\_\_\_\_

Major: \_\_\_\_\_

Street Address

I have already obtained the following degree(s):

City State Zip

Undergraduate Degree(s): AA / AS / BA / BS / Other: \_\_\_\_\_

Major: \_\_\_\_\_

Graduate Degree(s): MA / MS / PhD / Other: \_\_\_\_\_

Major: \_\_\_\_\_

Your School Telephone: (\_\_\_\_) \_\_\_\_\_

School Name: \_\_\_\_\_

Degree was obtained (date): \_\_\_\_\_

Please provide all requested information in Sections 1 and 2. This information is used to determine voting vs. non-voting membership status.

## Section 3: PROFESSIONALS: EMPLOYMENT

Company/Org Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Street Address

City State Zip

Work Telephone: (\_\_\_\_) \_\_\_\_\_

## Section 4: PAYMENT INFORMATION

Payment made via: (check one)

Check-enclosed  Money Order-enclosed

Purchase Order-enclosed

Credit Card *If you would like to pay via credit card, please provide the following information:*

Card Type: Visa MasterCard Exp. Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Amount enclosed in U.S. Dollars: \$ \_\_\_\_\_

## MEMBERSHIP DUES

## FOR INTERNAL USE ONLY

Membership Type	Applicable Fees	Complete these sections:
Sequoyah (lifetime)	\$1000 (one-time fee)	All applicable sections.
Professional	\$65/year	Sections 1, 2, 3 and 4.
College Students	\$25/year	Sections 1, 2 and 4.

MEMBER ID: \_\_\_\_\_

Renewal  New Member

Entered in Membership Database on (Date): \_\_\_\_\_

Entered by: \_\_\_\_\_ Amt. Recd: \$ \_\_\_\_\_

Membership expires: \_\_\_\_\_

General Member  Special Member

Applications may be downloaded from the AISES website at [www.aises.org](http://www.aises.org).

Please submit your completed form and membership dues in U.S. Dollars to:  
AISES Membership Department \* P.O. Box 9828 \* Albuquerque, NM 87119-9828

**Thank you for supporting AISES**