



**WISCONSIN INDIAN EDUCATION ASSOCIATION  
MEMBERSHIP APPLICATION**

**Applicant Information**

**NAME:** \_\_\_\_\_  
**Work**  
**Organization:** \_\_\_\_\_  
**Work**  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**TRIBAL AFFILIATION**

**Tribe/Nation/Band:** \_\_\_\_\_  
**Tribal ID #:** \_\_\_\_\_

**Non-Native**                       **Native, Non-enrolled**

**Membership Type**

**\$30-Native Educator**       **\$20-Native Student**       **\$20-Native Elder**

**\$35-Non-Native Educator**       **\$25-Non-Native Student**       **\$40-Non-Native Other**

**WOULD YOU BE WILLING TO VOLUNTEER FOR WIEA-SPONSORED ACTIVITIES?**

**Yes**       **No**

**If yes, how would you be willing to assist? (Ex: writing letters, calling political officials, etc.)**

\_\_\_\_\_

**Please make check or money order payable to W.I.E.A.: Amount enclosed: \$** \_\_\_\_\_

*NOTE: Any checks returned NSF will be assessed an additional \$25 for processing fees*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Membership is for one calendar year beginning April to the following March. Membership fees will not be pro-rated or reduced due to application being submitted after April.

**Virginia Nuske, Treasurer**  
**W.I.E.A.**  
**PO Box 910**  
**Keshena, WI 54135**