



See back side for instructions on filling out application

Name (Individual/Tribal Nation/Organization): _____

If applying as an Organization, name of representative: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____ Website: _____

Sign me up as an: Indigenous Member Tribal Leader
 Tribal affiliation/position: _____ Attach proof of tribal enrollment/descent
 Sign me up as a: Non-Indigenous Ally

Age: Under 18 19-24 25-39 40-54 55-64 65+

Tell us about your reason for wanting to join the Coalition: (use extra page if needed)

How did you hear about us? _____

Tell us more about you: I am a Boarding School Survivor I am a descendant of a Survivor

Name of School: _____ Dates Attended: _____

Name of ancestor, if descendant: _____

I am currently a student I am a working professional

I have published (or will publish) academic research on US Boarding Schools

I have done or still do work with Indigenous communities on Healing

I am interested in volunteering I am interested in donating

What are your areas of expertise or interest that apply to the stated mission of the Healing Coalition?

What organizations, networks, or establishments do you belong to that could benefit the work of the Coalition?

By signing or typing your name below, you attest that all the information in this application is true to the best of your knowledge and you agree that the National Native American Boarding School Healing Coalition (NABS) may use your personal information in accordance with our Privacy Policy (boardingschoolhealing.org/privacy) and may contact you regarding the work of the Coalition or the information on this application.

Signature: _____ Date: _____

PAYMENT INFORMATION – All non-individual applications must be accompanied with payment in full. See “Fees for Membership” section on back side of application. Check one:

Annual Income	Tribal Nations/ Tribal Organizations	Non-Tribal Organizations
Less than \$500,000	<input type="checkbox"/> \$ 200.00	<input type="checkbox"/> \$ 400.00
Greater than \$500,000	<input type="checkbox"/> \$ 400.00	<input type="checkbox"/> \$ 600.00

For Office Use Only
 Log Approved by _____ Date ____/____/____
 Aff. Reg. Ltr. by _____ Date ____/____/____

Pay by check made payable to: National Native American Boarding School Healing Coalition

Write “NABS membership” on memo line Send to: 2525 E. Franklin Ave., Ste. 150, Minneapolis, MN 55406

Pay by Credit Card

CC Number: _____ Exp. (Mo/Yr): _____ CVC: _____

Print Your Name as it Appears on Card: _____

Cardholder Signature: _____



The National Native American Boarding School Healing Coalition

About Membership

Purpose and Vision for Membership

We are a coalition of people who support the healing of boarding school survivors and descendants. We use our coalition voice to educate others about the truth of the Boarding School Policies, experiences, and legacy. We call for action towards justice and healing. We use our network to share research, healing resources, and advocacy. We learn from one another, and we grow and heal together.

Benefits of Membership: As a Coalition member, you will...

- Receive online access to our database of research and resources
- Have premiere access to the coalition network and exclusive meetings, events, and opportunities
- Be invited to attend the annual membership meeting, nominate board members, as well as be eligible to serve on the Board of Directors and Coalition Committees

Types of Membership

There are two classes of membership: **Regular** member and **Affiliate** member.

Regular Members are:

- Tribal Nations or members of federally recognized tribes with proof of enrollment
- Members of unrecognized tribes with proof of membership
- Descendants of Federally recognized or unrecognized tribes with documentation of descent
- Organizations with more than half American Indian ownership

Affiliate Members are:

- Indigenous, First Nations, or Aboriginal individuals, Nations, or organizations outside the U.S.
- All other individuals, churches, or organizations without proof of tribal enrollment, descent, or more than half Indian ownership

Fees for Membership

Individuals do not pay any membership fees. Tribal Nations, tribal organizations and non-tribal organizations are asked to pay a nominal fee based on annual income. Membership dues will be used to provide member benefits and to host our Annual Membership Meeting (usually held in conjunction with NCAI fall session).

Annual Membership Dues are as follows:

Annual Income	Tribal Nations/ Tribal Organizations	Non-Tribal Organizations
Less than \$500,000	\$ 200.00	\$ 400.00
Greater than \$500,000	\$ 400.00	\$ 600.00

Membership terms are from **October 1 to September 30** the following year.

Processing Your Application for Membership

Mail or email your completed application to us at

2525 E. Franklin Ave., Ste. 150
Minneapolis, MN 55406
info@nabshc.org

Your application will be reviewed by our Membership Committee and you will be notified within 60 days of your application as to the status of your membership.

