



Application for Coalition Membership

See back side for instructions on filling out application

Name _____

Organizational Affiliation (if applicable): _____

Address: _____

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

Phone: _____ Email: _____ Website: _____

Sign me up as an: <input type="checkbox"/> Indigenous Member <input type="checkbox"/> Tribal Leader Tribal affiliation/position: _____ Attach proof of tribal enrollment/descent <input type="checkbox"/> Sign me up as a: <input type="checkbox"/> 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: _____

For Office Use Only	
<input type="checkbox"/> Log	<input type="checkbox"/> Approved by _____ Date ____/____/____
<input type="checkbox"/> Reg.	<input type="checkbox"/> Aff. Ltr. by _____ Date ____/____/____



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
- Receive access to our member portal, where you will be able to comment on archival resources and interact with other users.
- Have premiere access to the coalition network and exclusive meetings, events, and opportunities
- Be invited to attend the annual membership meeting, nominate board members (Regular members only), as well as be eligible to serve on the Board of Directors and Coalition Committees (Regular members only).
- Receive our newsletters and other publications

Types of Membership

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

Regular Members are:

- 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

Affiliate Members are:

- Indigenous, First Nations, or Aboriginal individuals outside the U.S.
- All other individuals without proof of tribal enrollment, or descent.

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. If you would like to apply as an organization member, please contact Jennifer Blevins at jblevins@nabshc.org for the appropriate paperwork.

Processing Your Application for Membership

Mail or email your completed application to us at

2525 E. Franklin Ave., Ste.120
Minneapolis, MN 55406
info@nabshc.org

Your application will be reviewed by our Membership Committee and you will be notified via email and postal mail of your application as to the status of your membership.

