

TEDNA Membership Application



Tribe/Organization Name _____

Mailing Address _____
Address City State Zip Code

Primary Contact _____
Prefix First Name Last Name

Email Phone

Professional Title Tribal Affiliation(s)

Secondary Contact _____
Prefix First Name Last Name

Email Phone

Send an invoice to above address

Mail this application and your payment to:

Tribal Education Departments National Assembly
ATTN: Membership
309 NW 13th Street, Suite 103
Oklahoma City, OK 73103

If paying by credit card:

Name: _____

Credit Card #: _____

Expiration: ____ / ____

CVV: _____ Zip Code: _____

Membership Donation

TEDNA membership is free. Your voluntary donation helps maintain the efforts of the TEDNA organization.

Donation of \$129: for revenue \$1-\$249,999

Donation of \$329: for revenue \$250,000-\$749,999

Donation of \$649: for revenue \$750,000-\$1,999,999

Donation of \$799: for revenue \$2,000,000+

Individual Donation \$50