



2019 AICCO MEMBERSHIP FORM

COMPANY/ORGANIZATION

TRIBAL AFFILIATION (ATTACH CDIB OR PROOF OF ENTROLLMENT)

BILLING ADDRESS

CITY/STATE/ZIP

PRIMARY REPRESENTATIVE | FIRST, MIDDLE, LAST

TITLE

EMAIL

PHONE

CELL PHONE

FAX

WEBSITE

COMPANY/ORGANIZATION PROFILE:

ADDITIONAL CDIB VOTING MEMBER \$75

Additional memberships must accompany a paid membership. Provide additional member information below.

Name _____

Tribal Affiliation _____

Address _____

City _____ State _____ Zip _____

Chapter Designation: Check one Eastern North Central OKC Southeast Southwest Tulsa State

TOTAL MEMBERSHIP INVESTMENT \$ _____ NEW MEMBER RENEWAL

SIGNATURE _____ DATE _____

Pay by check or pay online at aiccok.org. Make checks payable to AICCO. Mail membership form and check to: AICCO, P O Box 141424, Broken Arrow, OK 74014. Need an invoice, send request to email chamber@aiccok.org

American Indian-Owned Business Membership \$150	American Indian Individual Membership \$75	Tribal Membership/Tribal Government Membership \$300	Associate Non-Native Membership \$350
Additional American Indian Membership \$75	Non-Native Individual Membership \$125	Student Membership \$40	