

Billing Point of Contact Information

Full Name: _		Title	e:	
Organizatior	/Company:			
Email:	Phone:			
Mailing Addr	ess:			
Name of Federally Recognized Tribe (if you are registered as a Native-Owned Company):				
	Please select if this is	s a New Membership OR	a Membership Renewa	al
Choose From Our Membership Options Listed Below				
NON	-PROFIT - \$1,695	5 Annually	-	
MAIN MEMBER LOGIN INFO: (required)	Full Name:	Title:	_ Email:	Dept
LOGIN INFO: (required)	Full Name:	Title:	_ Email:	Dept
NATIVE OWNED VENDOR/SUPPLIER - \$1,795 Annually				
MAIN MEMBER LOGIN INFO: (required)	Full Name:	Title:	_ Email:	Dept
LOGIN INFO: (required)	Full Name:	Title:	Email:	Dept
VENDOR/SUPPLIER - \$1,895 Annually				
MAIN MEMBER LOGIN INFO: (required)	Full Name:	Title:	_ Email:	Dept
(required)	Full Name:	Title:	_ Email:	Dept
By signing this agreement I agree to the Privacy Policy and Terms and Conditions .				
Subtotal:	Less Discount (if applicable):		Total Due:	
Signature:			Date:	
Full payment must be made within 30 days of receiving an invoice in order to guarantee space and level of participation. If the deadline is less than 30 days away, payment is due upon receipt of invoice. Late fees of 1.5% charge per 30 days past due. Refunds are not permitted at any time. Upon completion of the registration form, you will receive an invoice to pay by check, credit card, or ACH.				