

COLT

COALITION OF LARGE TRIBES

Mandan, Hidatsa and Arikara Nations / Oglala Sioux Tribe / Navajo Nation / Sisseton Wahpeton Sioux Tribe / Blackfeet Tribe / Shoshone-Bannock / Rosebud Sioux Tribe / Eastern Shoshone / Spokane Tribe / Cheyenne River Sioux Tribe

MEMBERSHIP FORM

MEMBERSHIP YEAR: 2017

TRIBE, INDIVIDUAL or ASSOCIATE:

REPRESENTATIVE:

TITLE:

ALTERNATE:

**TRIBE/ TRIBAL
AFFILIATION/:**

ADDRESS:

CITY, STATE, & ZIP

PHONE & FAX:

E-MAIL ADDRESS:

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Individual Member
One vote, Complimentary Access to All Meetings | \$50 |
| <input type="checkbox"/> | Individual Associate Member
Non-Voting, Complimentary Access to All Meetings | \$100 |
| <input type="checkbox"/> | Organization Associate Member
Non-Voting, Complimentary Access to All Meetings | \$2,500 |
| <input type="checkbox"/> | Tribal Nation Member
Voting, Complimentary Access to All Meetings | \$5,000 |

Make Check or Money Order Payable to: COLT

Membership will commence after the Annual Roundup Meeting in December. Membership is as designated on the Membership Form or as declared by the Tribe in accordance with COLT By-laws.

PAYMENT INFORMATION:

Enclosed is a Check or Money Order payable to COLT at the following address:

**The Coalition of Large Tribes (COLT)
c/o Marcus Coby, COLT Treasurer
P.O. Box 306 / 85 West Agency Road
Fort Hall, Idaho 83203**

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For More Information Contact: Marcus Coby, Treasurer at (208) 589-4669 or E-mail:

mcoby@sbtribes.com

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COLT STAFF USE ONLY (Please do not write in this area)

Payment Received: \$ _____ Date: _____ Received By: _____

Money Order:

Check:

Check #: _____

Date of Deposit: _____