



# CALIFORNIA NATIONS INDIAN GAMING ASSOCIATION

## *Associate Membership Application*

PLEASE TYPE OR PRINT LEGIBLY

COMPLETE ORGANIZATION NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Secondary Representative: \_\_\_\_\_

Title: \_\_\_\_\_

(MANDATORY)

TRIBAL SPONSOR: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

REFERRED BY (name & organization): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

PLEASE INCLUDE THIS APPLICATION ALONG WITH YOUR ANNUAL MEMBERSHIP FEE OF EITHER:  
\$5,000.00 - GOLD MEMBERSHIP OR \$1,000 - SILVER MEMBERSHIP  
(year begins November 1, please pro-rate your fee).

Make your check payable to CNIGA and mail to:  
1415 L Street, Suite 1080, Sacramento, CA 98514