



The Oklahoma Federation of Indian Women

Membership Application

Please complete this form to apply for Oklahoma Federation of Indian Women membership. Members must be a female and a current resident of Oklahoma. See Membership Details for further qualifications.

PERSONAL INFORMATION

Full Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
E-mail Address: _____
Your Tribe(s): _____
Birthday (MM/DD): _____ Please check this box if you're over 18 ☐

MEMBERSHIP DETAILS

Membership Type (select one):

- ☐ ***Active, Voting Member**
- Membership Fee: \$20
 - Must include a copy of your CDIB, Tribal Enrollment Card, or Letter of Tribal Affiliation
 - **To maintain membership: Pay annual membership fee of \$20, plus 20 volunteer hours annually or \$200 in goods or monetary contributions annually*
- ☐ **Associate, Non-Voting Member**
- Membership Fee: \$20
 - No proof of tribal affiliation is required
- ☐ **Honorary Non-Voting Member**
- Reserved for any former MIO, JMIO, Mother/Woman of the Year or per OFIW by-laws

I want to help with (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> MIO/JMIO Pageant Committee | <input type="checkbox"/> Fundraiser Committee |
| <input type="checkbox"/> Statewide Awards Committee | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Honor Powwow Committee | <input type="checkbox"/> Public Relations/Social Media Committee |

Membership Fee Payment Options:

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> PayPal | <input type="checkbox"/> Check or Money Order | <input type="checkbox"/> Cash or Check |
|---------------------------------|---|--|

How did you hear about OFIW?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Member: _____ | <input type="checkbox"/> Facebook/Instagram | <input type="checkbox"/> Other: _____ |
|--|---|---------------------------------------|

I hereby certify that the information provided in this application is accurate and complete.

Signature: _____ Date: _____

Please send the completed form and required documentation to the OFIW Membership Chair:

Rachelle Jaramillo at Merchandise387@gmail.com