



Tribal Border Alliance Membership

Thank you for your participation in this alliance. Please choose a delegated member from your Tribe who will receive all communications and member log-in credentials for correspondences that will be posted on the Tribalborderalliance.org website. Email confirmation will be sent to delegate and the Tribal Chairperson.

Name of Tribe/Nation: _____

Delegate Name: _____

Delegate Title: _____

Delegate Email Address: _____

Delegate Telephone No.: _____

Do you wish to receive email communication regarding the Tribal Border Alliance and Tribal Border Summit?

Yes No

Do you authorize the Tribal Border Alliance to list your tribe as a member of the Tribal Border Alliance?

Yes No

Tribal Chairperson: _____

Email and Phone: _____ (____)_____-_____

Please attach a copy of your Tribes logo/seal (jpeg)
Registration Date: _____

September 2021

For Office Use only:

Date Received: _____

Confirmed by: _____

Added to Website: _____

Entered in database: _____