



## Membership and Dues

Individuals seeking membership must complete the application form (indicating the appropriate membership category listed below), provide supporting documentation (if required), and submit their membership dues. The Membership Committee will review and approve each application. Approved applications will be forwarded to the Board of Directors for final approval. Applications will be reviewed and approved on an on-going basis.

### A. Full Membership

Any American Indian, Alaska Native, Native Hawaiian, Aboriginal person from Tribes, Pueblos, and Nations indigenous to the United States and Canada who is involved in health-related research such as the development of interventions, survey administration, bench science, and program efforts. Full members are voting members and may hold the positions of Chair or Co-Chair. Full membership includes the following categories:

1. Full-time Students (enrolled in a degree program)
2. Fellow/Intern/Post-Doc
3. Community Health Representative (CHR)
4. Elder
5. Professional

### B. Affiliate

Any individual (student, elder, professional, etc.) from Indigenous groups in Mexico, South America, Australia, New Zealand, Siberia, Samoa, and other Pacific Islands involved in health-related research. Affiliates are non-voting members.

### C. Treasured Friend

Any non-Indigenous individual (student, elder, professional, etc.) involved in health-related research in American Indian, Alaska Native or Aboriginal populations indigenous to the United States and Canada. Treasured Friends are non-voting members. To join as a Treasured Friend the applicant is required to have **sponsorship by a Full Member** in good standing, **AND a letter of support** from a representative of an American Indian, Alaska Native, Native Hawaiian or Aboriginal community in which they have worked.

### Annual Membership Dues

#### FULL MEMBERSHIP

- Student .....\$5.00
- Fellow/Intern/Post-Doc .....\$5.00
- Community Health Representative .....\$5.00
- Elder .....\$5.00
- Professional.....\$30.00

**AFFILIATE** .....\$15.00

**TREASURED FRIEND** .....\$30.00

## Native Research Network Committees

Membership	Oversee all membership applications concerning eligibility and qualifications and shall recommend approval or denial of all applicants as voting or non-voting members
Governance	Oversee all governance, planning, policy issues and evaluation in accordance with the By-Laws and corporate affairs and review the By-Laws and recommend amendments as necessary
Communications	Oversee all communications, including audio or video, press releases, informational brochures, and all public relations issues to maintain the professional image and public relations of the corporation
Budget and Finance	Oversee all of the finances, audits, fund raising and financial operations of the corporation and maintenance of the records of the corporation
Collaborations, Advocacy & Legislation	Oversee all collaborations, advocacy and legislation affecting or impacting the corporation
Ethics	Oversee all matters relating to ethics, compliance and standards applicable to research
Elections	Oversee all matters relating to the election of officers

## Membership Application Instructions

1. Select an appropriate membership category and complete the membership application on page 2 of this packet. Please also designate which committee(s) you would like to join (if applicable). If you are registering as a "Treasured Friend" be sure to include the name of your sponsoring (full) member.
2. Print and sign the application.
3. Submit the application, all supporting documentation (i.e. Letter of Support), and appropriate membership fee to:

### NRN Membership Committee

c/o Stefanie Brooks (Project Coordinator)  
P.O. Box 1448  
Blanchard, OK 73010

***Thank you for your interest in joining the Native Research Network!***

If you have any questions regarding NRN membership, please contact:

**Tassy Parker, PhD, RN (Seneca Nation)  
Membership Committee Chair**

Assistant Professor, University of New Mexico  
Email: [taparker@salud.unm.edu](mailto:taparker@salud.unm.edu)



## Membership Application

### Applicant Information

Prefix: \_\_\_\_\_ Full Name: \_\_\_\_\_  
First Last M.I.

Tribal Affiliation: \_\_\_\_\_ Tribal CIB/Census # \_\_\_\_\_ Degrees/Credentials: \_\_\_\_\_  
Optional

Job Title: \_\_\_\_\_ Institution: \_\_\_\_\_ Department: \_\_\_\_\_

#### Business Address:

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

#### Home Address:

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ NOTE: 99% of communication from NRN is done via email or on the NRN listserv

### Professional Experience

Please list other professional organizations of which you are a member: *(Please spell out acronyms)*

Please list your research and/or programmatic interest areas:

Please list the Native communities/populations with whom you are currently working and/or previously worked:

### Membership Categories

Please see "Eligibility Criteria" section on the cover page to determine an appropriate membership category.

I am applying for membership in the following category: *(Please choose one)*

<p><b>Full Member</b></p> <p><input type="checkbox"/> As a Full Member applicant, I certify that I am an American Indian, Alaska Native, Native Hawaiian, or Aboriginal person native to the Americas. I am applying as a:</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Fellow, Intern, or Post-Doc</p> <p><input type="checkbox"/> Community Health Representative (CHR)</p> <p><input type="checkbox"/> Elder</p> <p><input type="checkbox"/> Professional</p>	<p><b>Affiliate</b></p> <p><input type="checkbox"/> As an Affiliate applicant, I certify that I am an Indigenous person from Australia, New Zealand, Siberia, Samoa, or other Pacific Islands. I am applying as a:</p>	<p><b>Treasured Friend</b></p> <p><input type="checkbox"/> As a Treasured Friend applicant, I certify that I am a non-Indigenous applicant who is currently or has previously worked with an Indigenous population.</p> <p>I have attached the following to my application:</p> <p><input type="checkbox"/> Letter of sponsorship from Full Member Sponsor's Name: _____</p> <p><input type="checkbox"/> Letter of support from community</p>
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### Disclaimer and Signature

I certify that I have read the Native Research Network Membership document and that I am aware of the rights and responsibility of membership. I also certify that my answers on this application are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to join the following NRN committees:  
*(Please choose as many as needed)*

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Membership                              | <input type="checkbox"/> Governance | <input type="checkbox"/> Communications      |
| <input type="checkbox"/> Budget & Finance                        | <input type="checkbox"/> Ethics     | <input type="checkbox"/> Elections           |
| <input type="checkbox"/> Collaborations, Advocacy, & Legislation |                                     | <input type="checkbox"/> Conference Planning |