



Native Research Network, Inc. Annual Membership New or Renewal Application

January 1 – December 31 Membership & Dues

Thank you for considering new or renewal membership to the NRN. Membership benefits include tax deduction, discounts, voting privileges, and committee work. Please complete the application indicating the appropriate membership category, provide supporting documentation as required, and submission of membership dues. Upon review by the Membership Committee, applications will be forwarded to the Board of Directors for consideration. New applications are reviewed and approved on an on-going basis. Annual Membership Dues are not pro-rated. NRN Membership includes annual dues.

A. Full Membership

Any American Indian/Alaska Native/Native Hawaiian/First Nations, Métis and Inuit peoples of US/Canada, who is involved in research. Full members may vote and hold a Board position. Full voting membership categories are:

- Full-time Student/Intern (enrolled in a degree program)
- Fellow/Post-Doc
- Retired Elder (65+ yrs. working part-time)
- Community Member (i.e. CHR, CHW, CHE, CHB, IRB)
- Professional (current NRN member)
- Lifetime Member (voting, and in good standing)

Membership Categories & Dues	
Full Membership	
Student/Intern.....	\$35
Fellow/Post Doc.....	\$50
Retired Elder.....	\$5
Community Member.....	\$5
Professional (current NRN Member)	\$60
Treasured Friend.....	\$60
Lifetime Member.....	\$1,000

B. Non-Voting Membership

1. Treasured Friend

Any non-Indigenous person involved in health research with American Indian/Alaska Native/Native Hawaiian/ First Nations, Métis and Inuit peoples of Canada, indigenous to the US/Canada. Treasured Friends are required to be sponsored by a Full Member in good standing, AND submit a letter of support from a representative of an American Indian/Alaska Native/Native Hawaiian/Aboriginal community in which they have worked.

2. Lifetime Member Non-Voting

Any non-voting member who remains in good standing.

3. Corporate Member

Small or medium sized businesses, large corporations, civic groups, professional organizations, societies, and local community groups, and/or Tribal Nations and indigenous-serving agencies.

Native Research Network Committees & Service Opportunities

MEMBERSHIP	Guide membership application processing, concerning eligibility and qualifications and shall recommend approval or denial of all applicants as voting or non-voting members. Membership Representatives will serve on the subcommittee.
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, website, press releases, informational brochures, and all public relations issues to maintain the professional image and public relations of the corporation.
BUDGET & 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.
NOMINATIONS/ELECTIONS	Oversee all matters relating to the election of officers.
SERVICE TO NIH	Current member may participate as a grant reviewer and/or consultant to NIH, on NRN-identified priorities.
SPEAKERS BUREAU	Current member may include name and professional expertise on the NRN Speakers Bureau list.
SERVICE AS MENTOR	Current member serve as research mentor to American Indian/Alaska Native/Native Hawaiian/ First Nations.
DONATE	Offer a gift of funds or capitol to the NRN.

Membership Application Instructions

Options: Apply/Renew using instructions below:

1. Select an appropriate membership category and complete the membership application on page 2.
2. Print and sign the application.
3. Submit the application and all supporting documentation (i.e., Letter of Support), and appropriate Membership fee to:

NRN Membership Committee
PO Box 982821
Park City, UT 84098

For membership questions contact:
NRN Coordinator
email@nativeresearchnetwork.org



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Applicant Information

Prefix: _____ Full Name: (First) _____ (Last) _____ (MI) _____
 Tribal Affiliation(s): _____ Email: _____
 Job Title: _____ Degree(s)/Credentials: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Referred by (NRN BOD Member): _____

Professional Experience

(Please spell out acronyms and place answers on separate page if needed)

Please list other professional organizations of which you are a member:

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. Indicate if lifetime member.

I am applying for membership in the following category: New Renewal (Please choose type below):

VOTING	NON-VOTING	
<input type="checkbox"/> Full Member <i>As a Full Member applicant, I certify that I am an American Indian, Alaska Native, Native Hawaiian, or First Nations person native to the Americas. I am applying as a (please designate below):</i>	<input type="checkbox"/> Treasured Friend <i>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 (please designate community/organization and letter of support):</i>	<input type="checkbox"/> Corporate Member <i>As a Corporate Member applicant, I certify that I have the authority to represent a small or medium sized business, large corporation, civic group, professional organization, society, local community groups, and/or Tribal Nation or tribal-serving agency (please designate below):</i>
<input type="checkbox"/> Student/Intern		
<input type="checkbox"/> Fellow/Post-Doc		
<input type="checkbox"/> Retired Elder		
<input type="checkbox"/> Community Member		
<input type="checkbox"/> Professional		
<input type="checkbox"/> Lifetime Member	<input type="checkbox"/> Lifetime Member	

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 serve the NRN on the following (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Governance | <input type="checkbox"/> Collab./Advoc./Legis. | <input type="checkbox"/> NRN Speakers Bureau |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Ethics | <input type="checkbox"/> NRN NIH Service |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Conference Planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Finance & Budget | <input type="checkbox"/> Mentoring/Profes.Dev. | <input type="checkbox"/> Nominations/Election |