

Northwest Native American Basketweavers Association

CONFERENCE REGISTRATION FORM

Laura Wong-Whitebear-Interim Executive Director

P.O. Box 94359 Seattle, WA, 98134 (206)962-7248

info.nnaba@yahoo.com

Please PRINT the following: **IMPORTANT: These fees only apply if membership dues are current.**

Name: _____ Phone: (____) _____

Tribal Affiliation(s) (if applicable): _____

Mailing Address: _____

City _____ State _____ Zip _____

E-mail: _____

Current with membership dues? ____ YES ____ NO (If no, **REQUIRED** paid membership dues on back page)

R E G I S T R A T I O N F E E S

EARLY Registration Jan 1-July 15, 2008

(Postmarked on/or before July 15, 2008)

Conference registration fees if postmarked **before** July 15, 2008

- ____ Elder \$15.00
- ____ Student \$15.00 (17 yrs & under)
- ____ Student \$25.00 College/University
- ____ Individual \$50.00
- ____ Family * \$75.00
- ____ Youth classes, Friday only \$10.00

Conference registration fees if paid at conference or postmarked **after** July 15, 2008:

- ____ Elder \$25.00
- ____ Student \$25.00 (17 yrs & under)
- ____ Student \$50.00 College/University
- ____ Individual \$75.00
- ____ Family * \$100.00
- ____ Youth classes, Friday only \$20.00

| | |
|--|----------|
| Total Conference Amount Enclosed: | |
| Cash Amt: | |
| Check Amt: | # |
| Date Rec'd: | |

I hereby agree and indemnify and hold harmless NNABA, Quinault Beach Resort & Casino, Quinault Tribe, and any sponsors, and their agents, employees, or volunteers from any liability, damage, or costs, including court costs and attorney fees, resulting out of the NNABA activities including the Annual NNABA Gathering.

IMPORTANT: ALL Registration forms **MUST** be received into our office **BEFORE Saturday, September 27, 2008** otherwise .you **MUST** bring this form to the site conference to register. Thank you

Signature _____ Date _____

Northwest Native American Basketweavers Association - MEMBERSHIP FORM

Laura Wong-Whitebear-Interim Executive Director
P.O. Box 94359 Seattle, WA, 98134 (206)962-7248
info.nnaba@yahoo.com

Please PRINT the following:

Name: _____ Phone: (____) _____

Tribal Affiliation(s) (if applicable): _____

Mailing Address: _____

City _____ State _____ Zip _____

E-mail: _____

Family Members (immediate family in the same household) _____

_____ **VOTING MEMBER** An individual must be enrolled as a member of a *Northwest Tribe, who is also a practicing basket weaver, and current with NNABA membership dues. Each member shall be entitled to one (1) vote. All members have a right to actively belong to an existing NNABA committee. All members have the right to receive reports and vote on bylaw changes and the election of NNABA Board of Directors.

_____ **ASSOCIATE MEMBER**-Supports the work of the organization and does not vote or hold office. They are not enrolled members of Northwest Tribes. They may be Native American whose tribes are located in other regions of the country or non-Natives.

M E M B E R S H I P F E E S

_____ Elder \$5.00 (Individual Tribe specifies Elder age)

_____ Student \$10 (17 yrs & under)

_____ Individual \$15.00

_____ Family * \$25.00

_____ Support \$100

_____ Support \$250

Other _____

| | |
|---------------------------------------|---|
| Total Membership Amt Enclosed: | |
| Cash Amt: | |
| Check Amt: | # |
| Date Rec'd: | |

Northwest Native American Basketweavers Association (NNABA) is a non-profit organization. Its purpose is to preserve, promote and perpetuate traditional and contemporary Northwest Native American basketry. NNABA Contributions are tax-deductible.

Signature _____ Date _____

Northwest Native American Basketweavers Association-*SHOPPER DAY PASS FORM*

Laura Wong-Whitebear-Executive Director

P.O. Box Seattle, WA, 94359 (206)926-7248

lwong_whitebear@hotmail.com

Please **PRINT** the following:

Name: _____ **Phone:** (____) _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

E-mail: _____

How much time did you spend at this gathering? _____ hours

Do you want NNABA information sent to you? YES NO

Was your experience with our annual gathering pleasurable YES NO

Please rate you experience (1=not pleasurable 5=fair 10=excellent)

1 2 3 4 5 6 7 8 9 10

What did you enjoy at this gathering? Please check applicable category/categories

___Buying basketry ___Meeting the artist ___Watching the weaving circles ___Youth activities

___Food ___ ___

Do you have a friend who might be interested in -check below YES NO

_____ NNABA information _____ Membership _____ Donation/s _____ Volunteer

If yes, **Please PRINT THEIR following information:**

Name: _____ **Phone:** (____) _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

E-mail: _____