

# THE TECUMSEH LODGE, INC.

[www.tecumsehlodge.org](http://www.tecumsehlodge.org)

## APPLICATION FOR MEMBERSHIP

THE TECUMSEH LODGE, INC. IS A NOT-FOR-PROFIT, CHARITABLE, EDUCATIONAL INSTITUTION dedicated to the preservation, protection, and promotion of the culture of the American Indian. Membership is open to individuals ages 18 and above and students of family members who are interested in participating in Lodge activities. To remain a member in good standing, annual dues are payable by January 1 of each year.

After review of this application by the Board of Directors, applicants for membership will be notified and fees will be payable. Members will receive a membership card and be included in the newsletter distribution. A copy of the Articles of Incorporation and By-Laws are available upon request.

**I (WE) HEREBY SUBMIT AN APPLICATION FOR THE FOLLOWING MEMBERSHIP: PLEASE CHECK BOX.**

	Membership Type	Annual Dues	Initiation Fee	Votes
( )	Individual	\$15	\$5	1
( )	Family	\$20	\$10	2
( )	Associate	\$12	n/a	n/a
( )	Life: Individual	n/a	\$150	1
( )	Life: Family	n/a	\$200	2

By the presence of my (our) signature below, I (we) agree to assist The Tecumseh Lodge, Inc. in all of its endeavors to fulfill the above stated purposes.

\_\_\_\_\_  
**PRINT: First Name MI Last Name**

\_\_\_\_\_  
**PRINT: First Name MI Last Name**

\_\_\_\_\_  
**SIGNATURE DATE**

\_\_\_\_\_  
**SIGNATURE DATE**

\_\_\_\_\_  
**Street Address/Apt. #**

\_\_\_\_\_  
**City State Zip Code**

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

**Home Telephone**

**Day Time Telephone**

**Cell Phone- optional**

Do not include in Directory

Do not include in Directory

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Secondary E-mail address (spouse)**

Do not send newsletter via email (check)

Do not send newsletter via email (check)

**Name and Ages of Dependent Children:** \_\_\_\_\_

I (we) am (are) available to assist with the following Lodge activities: (PLEASE CHECK )

Powwow Registration  Powwow Set-Up  Publicity  Fund Raising  Membership  Events

**RETURN APPLICATION TO:** Denise Anderson-Decina, Membership Secretary  
622 Daffon Drive, Indianapolis, IN 46227

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**FOR LODGE USE ONLY (rev. 2006.08):** Initiation Fee \$ \_\_\_\_\_ Dues \$ \_\_\_\_\_ Date Received \_\_\_\_\_

Approval Signature: \_\_\_\_\_ DATE: \_\_\_\_\_