

AIANEC
American Indian/Alaska Native Employee Council
NIH Sanctioned: September 04, 2001

Membership Application
(Membership Open to All NIH Employees)

Date Submitted: _____

Name: _____ **Title:** _____

Agency: _____

Address: (NIH) _____

Telephone: (W) _____ **Fax:** _____

E-mail: _____

Leave Blank If Unknown

Tribal Ancestry: _____

Tribal Affiliation: _____

Enrollment #: (if applicable) _____ **Other AI/AN Affiliations:** _____

Additional Information: *Any Traditional/Contemporary Native knowledge, skills, and abilities that you have and want to share that may support the Council's efforts:* _____

Return Form To:

Attn: Cheryl White, Council Secretary
NLM/SIS
Democracy Two
6707 Democracy Blvd.
Suite 510, Rm. 545
Bethesda, MD 20892
Tel: (301) 496-3350 Fax: (301) 480-3537
whitec@mail.nlm.nih.gov

Date Application Received: _____