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### Associate Member Registration Form

**Associate Membership is open to employees of the Bureau of Indian Affairs, Indian Health Service and/or Tribal Liaisons for any other State and Federal Government Agency or Department**

#### Section 1: Contact Information (Primary)

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street/P.O. Box City State Zip Code

Tribal Affiliation (Optional): \_\_\_\_\_

**\_\_\_\_\_ Please check here if you wish to participate in the email list serv for the Tribal GIS "Government Discussion List". This email list serv is created for the benefit of the Associate Members and Full Tribal GIS Members wishing to participate in sharing information.**

#### Section 2: Additional Associate Member Registrants

*Registrant 2*

*Registrant 3*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Tribal Affiliation (Optional): \_\_\_\_\_

Tribal Affiliation (Optional): \_\_\_\_\_

\_\_\_\_\_ *Please add to the email list serv*

\_\_\_\_\_ *Please add to the email list serv*

**Submitted by :** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Tribal GIS brings together an organized environment for novice and advanced Tribal GIS users. It strives to enable others to share their successes in GIS, as this may help another community or program. Tribal GIS is a 501(c)3 non-profit organization that provides a professional platform for Tribal Personnel, Tribal Members, faculty and students of Tribal colleges/universities and supporting organizations to share professional forward thinking views, progressive knowledge and continuous education within a community of active GIS users serving Tribal Communities.*