

# California Indian Studies Association (CISA)

## MEMBERSHIP FORM

### Contact Information:

\_\_\_\_\_  
(Last) (First) (MI)

Tribal Nation  Institutional Organization  Community Organization  Professional  Individual

California Native  American Indian  Non-Indian (Please list tribal affiliation above)

\_\_\_\_\_  
(Mailing Address) City Zip Code

\_\_\_\_\_  
(Phone) (Fax) (Email)

### Area of Expertise & Interests:

Primary field of study: \_\_\_\_\_

Secondary field of study: \_\_\_\_\_

Current Research projects: \_\_\_\_\_

| Academic Background:           | Academic Institution | Major | Year Degree Earned |
|--------------------------------|----------------------|-------|--------------------|
| <input type="checkbox"/> BA    | _____                | _____ | _____              |
| <input type="checkbox"/> BS    | _____                | _____ | _____              |
| <input type="checkbox"/> MA    | _____                | _____ | _____              |
| <input type="checkbox"/> Ph.D. | _____                | _____ | _____              |
| <input type="checkbox"/> Other | _____                | _____ | _____              |

Areas of Interests in supporting CISA:

- Research & Scholarship
- Fundraising/Grant Writing
- Event Coordination & Support
- Outreach
- Other \_\_\_\_\_

**Please tell us about your current areas of California Indian Studies interests and current community involvement.**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Membership Dues of \$20.00 should be paid by check or money order to CISA and mailed to: CISA 33416 Winston Way #C Temecula, California 92592. Fax to 951-302-5384. mail to 33416 Winston Way #C Temecula, CA 92592