



Council for Tribal Employment Rights 2024 Membership Registration Form

Email changes can be received at cterape@gmail.com

Please complete the following so we can update our information

Official Name of Organization: _____

Contact Name and Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Payment: \$ 750.00 Annual Membership

_____ I have enclosed a check made out to 'CTER'

_____ Please charge my credit card:

Name on Card: _____

Card #: _____

Exp Date: _____

CVV Code: _____

Billing Zip Code: _____

Please send form and payment to: CTER
c/o APE Bookkeeping
PO Box 1630
Veradale WA 99037

Tax ID#: 81-0382201 Please email cterape@gmail.com to request a W-9 if needed.