P.L. 102-477 As Amended, Tribal Workgroup
Fiscal Year 2026

Membership Dues Notice

In accordance with P.L. 102-477 As Amended (477), Tribal Workgroup (TWG) By-Laws, please submit your membership dues for FY2026 (October 1, 2025 to September 30, 2026) with this form.

Fee levels* are based on the Tribes combined total of P.L. 102-477 federal funds (check level for your tribe):

- ☐ Level 1 Tribes receiving less than $200,000 = $50.00**
- ☐ Level 2 Tribes receiving $200,000 to $500,000 = $100.00
- ☐ Level 3 Tribes receiving $500,000 to $1,000,000 = $350
- ☐ Level 4 Tribes receiving $1,000,000 or more = $500.00
- ☐ Level 5 Non-Voting Associate Member = $750.00

**fee levels are subject to change annually*
***may apply for waiver of fee by attaching a request on letterhead to this form*

Benefits of Membership:

1. One vote per 477 approved plan membership
2. Advocacy pursuant to Federal 477 Issues
3. Access to TWG Meetings
4. Quarterly report updates and email notifications as needed
5. Peer to Peer technical assistance and training
6. Collaboration with related programs and services
7. Representation at related conferences and meetings to further advance the purposes of 477

477 Tribe Membership Organization

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone No.: _____

PAYMENT: Amount: $ _____

☐ Check enclosed – make payable to:
CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC.

☐ VISA / MasterCard (3% fee per transaction)

Total: $ _____ + _____ (3%) = $ _____

Card No: _____ Exp. Date: _____

Cardholder's Name (printed): _____

Card Billing Address: _____

_____
INCLUDING ZIP CODE

Card Billing Phone No.: _____

Cardholder's Signature: _____

SEND Payment to: California Indian Manpower Consortium, Inc.
738 North Market Blvd., Sacramento, CA 95834
training@cimcinc.com | Fax: (916) 641-6338

Amount Received: $ _____ Date Received: _____

☐ Check No.: _____ ☐ Visa/MasterCard: _____

Note: _____

Email Contact Listing (update with each annual renewal of membership)

Voting member name (primary contact):

Name: _____
Title: _____
Phone: _____
Email: _____

Additional Contact #1:

Name: _____
Title: _____
Phone: _____
Email: _____

Additional Contact #2:

Name: _____
Title: _____
Phone: _____
Email: _____

If you have any questions, please contact:

PL 102-477 TRIBAL WORKGROUP CO-CHAIR		PL 102-477 TRIBAL WORK GROUP CO-CHAIR	
Lower 48	Margaret Zientek – mzientek@potawatomi.org	Alaska	Holly Morales – hmorales@tlingitandhaida.gov
AT-LARGE MEMBERS		AT-LARGE MEMBERS	
Lower 48	Kay Seven – kseven@nezperce.org Dion Wood – dwood@karuk.us	Alaska	Luisa Machuca – lmachuca@kawerak.org Jacob Timmons – jacobt@apiai.org
SECRETARY		SECRETARY	
Lower 48	Ashawna Miles – ashawna-miles@cherokee.org	Alaska	Rosa Skonberg – Rosa.Skonberg@kodiakhealthcare.org