

NATIONAL FEDERATION OF INDIAN AMERICAN ASSOCIATIONS (NFIA)



APPLICATION FOR NFIA MEMBERSHIP

[January 01, 2025-December 31, 2026]

(Application Form MUST be completed in full and in capital letters or by typing. If any item is not applicable, please indicate as N/A. DO NOT ATTEMPT TO ALTER THIS APPLICATION.)

Applicants (only organizations or life members) seeking NFIA membership should select **only one membership category** below. Please **Complete all relevant items** and submit the completed application form by postal mail along with necessary documents, and applicable (2 year) membership fee of \$50.00 (on your organizational check), payable to NFIA (under Categories I or II applicants), or a check of \$1,000 for Life membership fee (under Category III individual applicants) to the NFIA Executive Director at 19300 Tattershall Drive, Germantown, MD 20874. **You should also forward an advance copy of this application package by e-mail as well.** For complete details about eligibility and requirements, please see the 3rd page of this form, and also read relevant Articles of NFIA bylaws (www.nfiaweb.org). **[Please note, (1) NFIA membership application is subject to verification and/or approval by the NFIA Board, (2) The NFIA Board reserves the right to deny membership, (3) The information provided in this application will be used for NFIA official purposes only, and (4) The NFIA Board reserves the right to revise the membership fee and schedule with due process. The submission of an incomplete application may delay its consideration or even denied for the membership].**

A: **NEW APPLICATION** [] or **RENEWAL APPLICATION** [] **DATE:**

B: [] **CATEGORY I:** **INDIVIDUAL ASSOCIATION/ORGANIZATION/CHAPTER** (*Membership fee of \$50*)

Name of Your Assoc./Org. No. of Your Own Members:

State in which Registered: City: Are you currently Registered? Yes [] or No [];

Registration No.:; Year of Recent Registration: Do you have current Federal Tax Exempt?

Status? - Yes [], or No []; If yes, provide EIN #., Web-site Address:

Membership Fee Enclosed: Yes [] or No []; If no, why not?

[] **CATEGORY II:** **UMBRELLA ORGANIZATION/FEDERATIONS** (*Membership fee of \$50*)

Name of Your Organization:, No. of Your Own Assoc. Members:

Or, If You are an umbrella/national org. with your own chapters, provide the no. of your chapters:

Federal Tax Exempt Status: Yes [], or No [], If yes, Fed. EIN No.: If no, is your organization currently

registered with a State? Yes [] or No [], State in which Reg. City:.....Year of recent Reg.:

Reg. No.: Web-site Address: Membership Fee Enclosed: Yes [] or No []; If no, why not?

[] **CATEGORY III, INDIVIDUAL LIFE MEMBERSHIP (Membership fee \$1,000)**

Name of Applicant: Name of Spouse:
Street Address: City: State: Zip Code:
Phone Number: (C) (H) E-mail address: Name of a person:,
& his/her NFIA member association which is referring you for the life membership to NFIA:
Membership Fee Enclosed: Yes [] or No []; If no, why not?

C: CONTACT INFORMATION (Category I and II):

Details of Current Head of the Organization/Association:

Name: Title:
Street Address..... City State Zip
E-Mail address: Phone Number: (Cell) (Home)

D: DETAILS OF CURRENT EXECUTIVE COMMITTEE/OFFICERS (Category I and II):

- a. Head/Principal: Phone: () ____ - ____ ; E-Mail:
 - b. Ex. VP or VP: Phone: () ____ - ____ E-Mail:
 - c. Secretary: Phone: () ____ - ____ E-Mail:
 - d. Treasurer: Phone: () ____ - ____ E-Mail:
 - e. Other: Name:Phone: () ____ - ____ E-Mail:
-
- f. Term of Officers: FromTo, or For longer terms (>3 yrs.). Explain:

E: DELEGATES/REPRESENTATIVES OF APPLICANT: – Bylaws Sections 3.126, 6.130, 11.2, 12.111

Please indicate below the **name, e-mail address** and **phone number** of your designated delegates/representatives **[a maximum of two (2), if more than 100 Association members under Category I Membership, Individual/Organizational/Chapters membership** (also see bylaws, Section 6.130); **a maximum of five (5), depending upon the number of your Assoc./Chapter members under Category II** (See Bylaws Section 6.131); and **a maximum of one (1), for the Life membership under Category III** (See Bylaws Section 3.126)]. These representatives will participate/support the NFIA activities including meetings, conventions, elections, and other NFIA programs. A Life member may be represented by his/her spouse in the absence of the member with his/her written permission. **[Please note, (1). The NFIA Board reserves the right to disqualify or adjust the number(s) of delegates below after screening and due diligence by the Board; (2) The delegates must maintain or be in good standing at all times to hold, run, or vote for an office in NFIA, and (3) only legitimate qualified national umbrella organizations with multiple city presence are allowed by NFIA qualified delegates from multiple cities].**

1. Name:City: E-mail: Phone: () ____ - _____
2. Name: City: E-mail: Phone: () ____ - _____
3. Name:City: E-mail: Phone: () ____ - _____
4. Name:City:E-mail: Phone: () ____ - _____
5. Name:City: E-mail:City:Phone: () ____ - _____

F: SIGNATURE NEEDED:

Signature of the Applicant (the current Head/Principal of the applicant organization, or Life Member applicant) is required below. **[In the absence of the Head/Principal of the applicant organization with legitimate reasons, any current Executive Committee member/officer may sign with a reasonable written explanation, and permission from the current Org. Head/Principal]: Explain:**

The undersigned signatory (below) certifies that all of the aforementioned information is correct to his/her best knowledge.

.....

Signature (above)	Print your name (above)	Title (above)
Date:	City:	State:
		Country::.....

G: ELIGIBILITY FOR APPLICANTS (CATEGORIES I & II) – Bylaws Sections 3.121, 3.125, 6.130,6.131, etc.

Any Individual Indian-American organization/association or Umbrella org./Federation which satisfy all of the following criteria may be eligible for NFIA membership with voting rights in NFIA elections/meetings/convention, etcetera:

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1. The applicant organization/association has been in operation in the USA for a minimum of One (1) year.
 2. Functions under its duly written Constitution and/or Bylaws.
 3. Elects its officers according to its own Constitution/Bylaws.
 4. Is a “Not-for Profit” organization/association. Note: A current federal tax-exempt status (bylaws, Section 3.125) is required from an Umbrella organization applicant [Category II membership]. A current State Registration (bylaws Sect. 3.121d) is required from an individual Association applicant [Category I Membership];
 5. Subscribes to the objectives of NFIA Constitution/Bylaws.
 6. Agrees to pay the prescribed NFIA membership dues by its own organizational/association check:
 - 7.** Has a minimum of 25 members for Category I applicants; and 10 or more than 10 association members for Category II applicants. [Also see Bylaws Sections 6.130 and 6.131 for necessary requirements for delegates requirements].
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H: ELIGIBILITY FOR LIFE MEMBERSHIP (CATEGORY III) – Bylaws Sections 3.126

Any individual who is recommended by a NFIA officer or member association/organization who subscribes to the objectives of the NFIA, and who submits the one time required fee of \$1,000, is eligible for Life membership. Once the membership is approved, the Life member is entitled to all applicable privileges as granted by the NFIA bylaws under Section 3.126.

I: SPECIAL REQUIREMENTS FOR NEW APPLICANTS (CATEGORIES I & II MEMBERSHIP)

As prescribed in the NFIA bylaws, an organization/association seeking **NEW (Categories I or II) Membership** to the NFIA **must submit** its application on this prescribed form along with the following documents (checklist below) by postal mail within the stipulated deadline. However, the applicant may send an advance copy by e-mail as long as the **original** application is USA postmarked and received by the NFIA within or by a specified (by NFIA) date:

1. Provided a copy of your current Articles of Incorporation or your Constitution/Bylaws: Confirm - **Yes** [] or **No** []
 2. Provided a current list of elected officers, their term of office and titles, mailing and e-mail addresses and phone numbers if not already mentioned under item D "Executive Committee/Officers": Confirm - **Yes** [] or **No** []
 3. Provided the membership fee of \$50.00 using your organizational/association check: confirm - **Yes** [] or **No** []
 4. Provided the State registration of your Individual Association/organization/chapter (Category I) for record. Confirm - **Yes** [] or **No** []
 5. Umbrella organization applicants **must provide** Federal Tax Exemption EIN No. Confirm - **Yes** [] or **No** []. If no, the current State registration should be provided, Confirm - **Yes** [], or **No** []
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J: NOTES: (1) For eligibility and detail requirements, applicants under all categories are encouraged also to consult the NFIA bylaws, especially Articles III, IV, V, VI, XI, XII, etc. on www.nfiaweb.org and comply with all the requirements. (2) Your signature under item F testifies the authenticity of the information provided herein to NFIA. **By signing this document, you also agree to serve NFIA and subscribe to the NFIA objectives and bylaws.**

Please note again that the NFIA Board reserves the right to approve or reject any membership application.

K: COMPLETED APPLICATION SHOULD BE SUBMITTED TO THE FOLLOWING:

Dr. Hari Har Singh, NFIA Executive Director, 19300 Tattershall Drive, Germantown, MD 20874

Phone: (703) 939-1838, E-Mail: hari.soma11@gmail.com

L: HOW WOULD YOU LIKE TO SERVE/SUPPORT NFIA? – Please mark a maximum of three (3) areas of your interest/expertise:

- Public Relations; Membership Drive Fund Raising; Bylaws Committee;
- Congressional Events; Advocacy; Political Education/Voter registration; Senior Citizen;
- Women; Public Policy; Newsletter; Business/Commerce.....;
- Seminars/Conferences/Events; Communications; PIO/NRI Affairs; Be a
- Donor..... , Charity/Philanthropy; Cultural Events; Performing Arts; Youth Affairs Spelling Bee
- Math & Science Talent; Geography Bee; India-US Relations; Indo-American Issues.....
- Other (Explain)

M: APPLICANT USE ONLY: ADDITIONAL SPACE BELOW FOR EXPLANATIONS/CLARIFICATIONS TO BE USED BY APPLICANTS (If space is not enough you may use a plain paper to write and attach the same with this application):

DO NOT WRITE BELOW:

N: NFIA USE ONLY: THIS SPACE IS ONLY FOR NFIA REVIEWS/REMARKS/APPROVAL/RATIFICATION BY THE:

EXECUTIVE DIRECTOR ADMINISTRATION: _____

MEMBERSHIP/EXECUTIVE COMMITTEE: _____

RATIFICATION/APPROVAL BY THE NFIA BOARD: _____
