



Chicago American Indian Community Collaborative

Chicago and Great Lakes Resource Directory Application Form

Purpose: **The information provided will be used to create an online CAICC Directory of the Native American businesses, service providers, artists, presenters, and self-employed professionals from IL, IN, MI, WI, and OH so that we can better serve the American Indian community as well as support American Indian businesses, artists, and workers.**

Please note: Inclusion in the on-line directory is FREE. (There may be a small fee for a print version unless funding becomes available.) The CAICC reviews all submissions and reserves the right to verify and/or not include entries. Inclusion into the Directory is not an endorsement of the programs or services provided. **All artists must comply with The Indian Arts and Crafts Act of 1990 (P.L. 101-644) and supply documentation to verify tribal membership.**

Artist/Presenter/Individual Name _____

Business/Service/Organization Name _____

Ownership (check all that apply)	Registered/ Enrolled Member	Self- Identified	Other (Explain)	Tribal Affiliation
<input type="checkbox"/> American Indian Owned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> American Indian Managed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> American Indian Commission Income*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="checkbox"/> Other, explain _____				_____

Type of Art/Business/Organization/Profession _____

Brief description of art/performance/services/products (if not on website) _____

Service area (artist/performers – how far are you willing to travel?) _____

Contact Person (*For commission based income individuals use individual contact information not company)

Name _____ Title _____

Business/Org. Street Address _____

City, State, Zip _____

Work Phone _____ Work E-mail _____

Personal Phone _____ Personal E-mail _____

Website _____

Facebook/Twitter or other accounts _____

I would like to receive information from CAICC and its member organizations

I attest that the above information is correct and agree to release this information to be included in the CAICC directory

Signature _____ Print Name _____ Date: _____

Return Form to: CAICC c/o Mitchell Museum of the American Indian, 3001 Central St., Evanston, IL 60201 or E-mail to director@mitchellmuseum.org Call 847-475-1030 for more information. All artists must comply with The Indian Arts and Crafts Act of 1990 (P.L. 101-644) and supply documentation to verify tribal membership.