



Nebraska Rural Community Schools Association 2010-11 Membership Form

PLEASE PRINT OR TYPE CLEARLY

School Dist/ESU Name: _____

Address: _____

City _____, NE Zip Code: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Supt e-mail: _____

ADMINISTRATOR, BOARD MEMBERS, AND OTHER CONTACTS

Name	Title	e-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please include a check for \$700.00 payable to NRCSA
Send dues and registration form to:**

**NRCSA
455 S. 11th St, Ste B
Lincoln, NE 68508**

NRCSA Office Use Only

Ck No _____ Ck Date _____ Amount: _____