Nebraska Rural Community Schools Association

2008-2009 MEMBERSHIP FORM

PLEASE TYPE OR PRINT CLEARLY

School District / ESU/ or College Name:_____

Address:_____

City:_____, NE Zip Code:_____

Phone:_____—_____—_____ Fax # _____—_____—_____

email:_____

ADMINISTRATOR, BOARD MEMBERS, AND OTHER CONTACTS

Name	Title	Address	City, State Zip	Email

Please include a check for $700.00 payable to NRCSA

Send dues and registration form to:

NRCSA

P.O. Box 22529

Lincoln, NE 68542