

**Nebraska Rural Community Schools Association**

2025-26 Membership Form

PLEASE PRINT OR TYPE CLEARLY

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| **School District/ESU Name:** |  |

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| --- | --- |
| **Address:** |  |

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| --- | --- | --- | --- | --- | --- |
| **City:** |  | **St:**  | NE | **Postal Code:** |  |

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| --- | --- | --- | --- |
| **Phone Number:** |  | **Fax Number:** |  |

|  |  |
| --- | --- |
| **Administrator Name:** |  |

|  |  |
| --- | --- |
| **Administrator e-mail:** |  |

|  |  |
| --- | --- |
| **Administrator Cell Phone:** |  |

ADMINISTRATOR, BOARD MEMBERS, AND OTHER CONTACTS *(Optional)*

 Name Title e-mail

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**Please include a check for $850.00 payable to NRCSA**

**Send dues and registration to:**

**NRCSA**

**440 S. 13th St, Suite B**

**Lincoln, NE 68508**