**Nebraska Rural Community Schools Association**

2024-25 Individual Membership Form

PLEASE PRINT OR TYPE CLEARLY

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| Name: |       |

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| --- | --- |
| Organization: |       |

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

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| --- | --- | --- | --- | --- | --- |
| City: |       | St: |       | Postal Code: |       |

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

|  |  |
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| e-mail: |       |

Please include a check for $35.00 payable to NRCSA

Send dues and registration form to:

**NRCSA**

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

**Lincoln, NE 68508**