



Nebraska Council of School Administrators

Membership Form and Invoice

Nebraska Council of School Administrators

2024-25 Membership Form and Invoice

Status:

Full Name:

Informal First Name:

Maiden Name:

Position Title:

School District Name:

School Building Name:

Work Street Address:

City/State/Zip:

School County:

Region:

Work Phone:

Cell Phone:

Fax Number:

Home Street Address:

Home City/State/Zip:

Home Phone:

Email address:

Position Classification:

Membership Classification:

Affiliate Association:

Additional Affiliate Association:

National Association Membership:

Membership Number:

Payment Method:

Receive mail at:

Total: \$

Please make checks payable to NCSA.

Return form and check to:
NCSA, 455 So. 11th St. Suite A
Lincoln, NE 68508-2105