

NCOSA MEMBERSHIP ENROLLMENT FORM

I would like to enroll as a member of the Nebraska Council of School Attorneys (NCOSA).

Name

Firm/District/Organization

Address

City/State/Zip

Email

Daytime Phone

Brief description of the type of law I perform: _____

I have read the NCOSA membership information and by signing or typing my full name, I certify that I meet the membership criteria:

Signature

Date

2019 Annual Membership Fee:

\$255

\$185 - In-house counsel

Enclosed is my check payable to NCOSA

Please bill my law firm/School District

Please bill me personally

Bill Address Above

Bill Different Address

Address

City/State/Zip

Mail or email this completed form to:

Nebraska Council of School Attorneys (NCOSA)

1311 Stockwell Street

Lincoln, NE 68502

vwinters@nasbonline.org

If you have any questions, please contact Vicki at vwinters@nasbonline.org or 800-422-4572