NCOSA MEMBERSHIP ENROLLMENT FORM

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

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Name

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Firm/District/Organization

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Address

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City/State/Zip

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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:

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Signature Date

2021 Annual Membership Fee:

$270 $200 - 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