



CoSNE - CoSN Nebraska Chapter

Membership Form and Invoice

Membership Year: _____

Active **Affiliate** **Associate** **Student** **Emeritus**

Ms. Mrs. Mr. Dr.

Full Name (Last, First, MI) _____

School District Name _____

Position Title _____

Work Address _____

City, State, Zip _____

Work Phone _____

Fax Number _____

EMail _____

Home Address _____

City, State, Zip _____

Home Phone _____

Preferred Mailing Address Work Home

Please return completed membership form and \$25.00 dues payment to the address below.

Checks payable to:
CoSNE
440 S 13th Street, Ste A
Lincoln, NE 68508
(402) 476-8055