

X C CD L D G S M

Last Name

First Name

Expiration Date



Nebraska Educational Media Association

Membership Application

New Renewal

I would be interested in serving NEMA:

Name: _____

Scholarship and Awards Elections Membership

Position/Title: _____

Program/Conference Finance Publications

Institution: _____

Board Member/Officer Liaison

Business Address: _____

Other organizations in which I am a member:

City: _____ Zip: _____

AASL NETA AECT NLA

Phone: () _____

ALA SCYP MPLA Other _____

E-mail address: _____

Dues: All memberships are annual, reminders will be sent in August for lapsed memberships.

Home Address: _____

City: _____ Zip: _____

3-Year Individual/Institutional \$75.00

Make checks payable to: Nebraska Educational Media Association.

Phone: () _____

1-Year Commercial \$35.00

ESU, if applicable: _____

1-Year Individual/Institutional \$30.00

Preferred Mailing Address: Business Home

1 - Year Student \$15.00

Mail to:

Sign me up for the NEMA listserv Yes No

1-Year Retired Individual \$10.00

Already on listserv

My contact information will be released in NEMA's Membership Directory unless checked NO _____

Signature

Kim Gangwish,
Bellevue West HS
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Bellevue, NE 68123