

Nebraska State Custodial Association
N.S.C.A.

N.S.C.A. Membership Enrollment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Street Address

City State ZIP Code

Home Phone: () Personal E-mail Address: _____

Total Years in the Custodial Industry: yrs

Current Employer

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Your Job Title: _____ Start Date: _____

Your Job Responsibilities:

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please include \$35.00 for your annual dues with your Application.

Please Remit your annual dues & Membership Application to: .

Matt Bridges
Membership Coordinator
Nebraska State Custodial Association
4616 Pierce Drive
Lincoln, NE 68504