

Central Nebraska Prescribed Fire Association

Membership Application

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: _____

E-mail Address: _____

County where
land is located: _____

I wish to become a member of the **Central Nebraska Prescribed Fire Association**, to pay the annual dues (\$25), and to make every effort to attend future planned Association meetings.

Signature: _____

Date: _____

RETURN APPLICATION TO:

Pheasants Forever
1011 Alexander Avenue
Elba, NE 68835
308-754-5339