

Rainwater Basin Prescribed Burn Association

Membership Application

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: _____

Email Address: _____

I wish to become a member of the **Rainwater Basin Prescribed Burn Association**, to pay the annual dues (\$25), and to make every effort to improve grasslands and habitat in the area and to attend future planned Association meetings, workshops, and burns.

Signature: _____

Date: _____

Return Application to:

Blake Smith

Tim Horst

Or

Corey Ebert

Box 281

Sutton, NE 68979

402-540-0653

