

# Tri County Prescribed Burn 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 **Tri County Prescribed Burn Association**, to pay the annual dues (\$25), and to make every effort to attend future planned Association events and meetings.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN APPLICATION TO:**

John J. Becker  
6434 Rolling Hills Blvd.  
Lincoln, NE 68512

[tricityburn@gmail.com](mailto:tricityburn@gmail.com)