



FRIENDS OF NICCA

Membership Application

Business _____

Principal Contact in Nebraska _____

Address _____

City _____ State _____ Zip _____ - _____

Business phone _____

Mobile phone _____

Fax phone _____

Email _____

Our Business would like to become a Friend of NICCA with a \$ _____ annual sponsorship to NICCA (\$500 minimum).

Our Business wants to continue our Friends of NICCA sponsorship with a \$ _____ annual sponsorship to NICCA (\$500 minimum).

Press submit to email this form to the Friends of NICCA committee

OR

print and mail the completed application with your check to:

NICCA
P.O. Box 412
Kearney, Nebraska 68848-0412