



Nebraska Independent Film Projects Member application

To join NIFP, print out this page, enter your information and send it with your check to:
NIFP
P.O. Box 80205
Lincoln, NE 68501

I want to become a member of NIFP! I understand as a member I will receive benefits for a full year.

Name: _____

Address: _____

E-Mail(s): _____

Home Phone: _____

Fax: _____

Enclosed is my check for a one year membership at the following level:

Individual	_____	\$10.00
Business or Organization	_____	\$25.00
Professional	_____	\$35.00

I would also like to donate \$ _____
to the Nebraska State Historical Society Moving Images Preservation Fund

Today's Date: _____

Receipt for Membership Dues



P.O. Box 80205, Lincoln, NE 68501

Name: _____

Paid Cash: _____ Date: _____

Received by: _____