

AMERICAN BAPTIST MEN OF NEBRASKA
MEMBERSHIP INFORMATION FORM (CALENDAR YEAR: _____)

Name: _____ Date: _____

Address: _____ Phone: () _____ - _____

City: _____ State: _____ Zip Code: _____

Email: _____ Church: _____ Pastor: _____

\$ _____ \$10.00 ABMNE dues 20__ year \$ _____ \$10.00 ABM USA

\$ _____ Disaster Relief Ministry \$ _____ Seminary Scholarship Fund

\$ _____ Booster Club Fund \$ _____ **Total Enclosed**

Make checks payable and return form to: American Baptist Men of Nebraska - Bob Howe, 3100 Mayflower,
Lincoln, NE 68502 / Phone (402) 489-6119. JH11bar@gmail.com

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