



Nebraska Holocaust Education Consortium  
A Committee of the *Institute for Holocaust Education*  
Membership Renewal Form

*The Membership Year for the Nebraska Holocaust Education Consortium is September 1 – August 31.  
The cost each year is \$25 for teachers and professionals and \$10 for college students.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

- Please keep my information the same as is on file.
- Please make the following changes to my file:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**I am a teacher:**

School: \_\_\_\_\_ School District: \_\_\_\_\_

Grades Taught: \_\_\_\_\_ Subject Taught: \_\_\_\_\_

School Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**I am a university faculty member:**

School: \_\_\_\_\_ Subject Taught: \_\_\_\_\_

School Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**I am a student:**

School: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_