

Network for Resident Spouses' Membership Form

To join Network for Resident Spouses' (NRS), or to renew your NRS membership, please complete the following information.

MEMBER INFORMATION

Name _____ Phone _____
Address _____
City _____ Zip _____
Current Occupation _____ Previous Occupation _____
Date of Birth _____ Email Address _____
Month/Day

SPOUSE INFORMATION

Name _____ Department _____
Year of Completion _____

FAMILY MEMBER INFORMATION

| Name(s) of Children | Date of Birth |
|---------------------|----------------------|
| _____ | _____ month/day/year |
| _____ | _____ month/day/year |
| _____ | _____ month/day/year |
| _____ | _____ month/day/year |
| _____ | _____ month/day/year |
| _____ | _____ month/day/year |

Please return this form with your \$10.00 annual dues by August 31st or ASAP to:

Shelly Christian
207 Whitetail Drive
Columbia, MO 65202

Checks should be made payable to **NRS**.
Thank You.