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| neafcs3 | Active/Affiliate Membership Application & Renewal Form |

**This is a:**  Membership Renewal  New Member Application Date:

**Instructions**

Please print or type. If you are joining/renewing as an Active member, please submit this form to your state/territory treasurer with your payment of $100 for national dues and appropriate state/territory dues. If you are joining as an Affiliate member, please submit this form with your $100 national dues directly to NEAFCS, 325 John Knox Rd. Suite L103 Tallahassee, FL 32303.

**Category** (choose one)

Active Membership—To qualify, you must meet the membership qualifications of your state/territory affiliate AND have at least a bachelor’s degree and currently be working in Extension in any capacity with family and consumer sciences or home economics programming.

Affiliated Membership—To qualify, you must meet all of the qualifications of Active membership EXCEPT you do not meet the membership qualifications of your state/territory affiliate or there is no state/territory affiliate for you to join.

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| First Name | | | | | Middle Name | | | | | | | Last Name | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Job Title | | | | | | | | Employer | | | | | | | | | | | |
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| Work **Mailing** Address | | | | | | | | City | | | | | | | | | State/Territory | | Zip |
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| Work **Physical** Address (if different from work mailing address) | | | | | | | | City | | | | | | | | | State/Territory | | Zip |
|  | | | | | | | |  | | | | | | | | |  | |  |
| Home Address | | | | | | | | City | | | | | | | | | State/Territory | | Zip |
|  | | | | | | | |  | | | | | | | | | | | |
| Work Email Address | | | | | | | | Home Email Address | | | | | | | | | | | |
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| Work Phone/Extension | | | | Work Fax | | | | | | | | | | Home Phone | | | | | |
| If you work in a county extension office, in which county is the above office located: | | | | | | | | | | | | |  | | | | | | |
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| Send mail to my (check one): | | Work Address | | | | | Home Address | | | Are you a former member of NEAFCS? | | | | | | | | Yes  No | |
| If you are a former member, please provide the name under which the membership was listed, years of membership and corresponding state/territory: | | | | | | | | | | | | | | | | | | | |
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| Please check the ONE box that BEST describes **YOUR ROLE IN EXTENSION**: | | | | | | | | | | | | | | | | | | | |
| Extension Agent | Extension Specialist | | | | | County Director | | | | State Program Leader | | | | | | State Extension Administrator | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Please check the ONE box that BEST describes your **AREA OF GREATEST EXPERTISE**: | | | | | | | | | | | | | | | | | | | |
| Nutrition | | | Parenting Education | | | | | | Community Development | | | | | | Aging | | | | |
| Food Safety | | | Child Development | | | | | | Administration | | | | | | Health | | | | |
| Financial Management | | | Housing | | | | | | 4-H Youth Development | | | | | |  | | | | |
| Human Development | | | Clothing/Textiles | | | | | | Other: | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Please indicate UP TO 3 (three) **MAJOR AREAS OF PROGRAMMING** for which you have responsibility: | | | | | | | | | | | | | | | | | | | |
| Nutrition | | | Parenting Education | | | | | | Community Development | | | | | | Aging | | | | |
| Food Safety | | | Child Development | | | | | | Administration | | | | | | Health | | | | |
| Financial Management | | | Housing | | | | | | 4-H Youth Development | | | | | |  | | | | |
| Human Development | | | Clothing/Textiles | | | | | | Other: | |  | | | | | | | | |