



Associate 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 Associate member, and your state has an active Affiliate, please submit this form to your state/territory treasurer with your payment of \$55 for national dues and appropriate state/territory dues. Otherwise, please mail to the address at the bottom of the form.

Category

Associate Membership—To qualify, you must be an Extension employee working in any capacity with family and consumer sciences, have less than a bachelor's degree, and belong to your State Affiliate if one is active in your state and you meet their membership requirements. If there is not an active Affiliate in your state, or you do not qualify for membership with your State Affiliate, you may still join as an Associate Member.

First Name			Middle Name			Last Name			
Job Title				Employer					
Work Mailing Address				City		State/Territory		Zip	
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					
Work Phone/Extension			Work Fax			Home Phone			

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:

Please check the ONE box that BEST describes **YOUR ROLE IN EXTENSION**:

EFNEP Educator SNAP-Ed Educator Other _____

Please check the ONE box that BEST describes your **AREA OF GREATEST EXPERTISE**:

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Health
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

Please indicate UP TO 3 (three) **MAJOR AREAS OF PROGRAMMING** for which you have responsibility:

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Health
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

For Associate membership status, submit this form directly to your State Affiliate Treasurer. If there is no State Affiliate in your state, send your form directly to: NEAFCS National Office, 325 John Knox Rd, Suite L-103, Tallahassee, FL 32303