|  |  |
| --- | --- |
|  | Life Membership Application Form |

**Instructions**

Please print or type. Please submit this form to your state/territory president for verification. To qualify for life membership, you must have been an active or affiliate member of NEAFCS for at least 5 years and have retired, resigned or otherwise have become ineligible for active or affiliate membership. Should you ever re-enter the extension service, you will be required to resume active membership status and pay annual dues. However, you will not be re-assessed the life membership fee should you again leave the extension service. The one-time fee for Life Membership is $330 (three times 2023 Active member dues).

If you are joining as a Life Member, please submit this form along with a letter from your University/College confirming your retirement status and $330 to the national office at NEAFCS, 325 John Knox Rd. Suite L103 Tallahassee, FL 32303.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |  | | | | | |
| First Name | | | | Middle Name | | | Last Name | | | | | |
| Other name(s) under which your membership may have been listed: | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | |  | | | | |  | |  |
| Home Address | | | | | City | | | | | State/Territory | | Zip |
|  | | | | |  | | | | | | | |
| Home Phone | | | | | Home Email Address | | | | | | | |
|  | |  | | | | | |  | | | | |
| Date of Retirement/Resignation | | State/Territory from which you retired/resigned | | | | | | Dates of employment by that state/territory (From/To) | | | | |
|  | | | | | | | | | | | | |
| I was a member of NEAFCS as follows: | | | | | | | | | | | | |
|  |  | |  | | | | | |  | | | |
| Dates: From | To | | State/Territory | | | | | | County | | | |
|  |  | |  | | | | | |  | | | |
| Dates: From | To | | State/Territory | | | | | | County | | | |
|  |  | |  | | | | | |  | | | |
| Dates: From | To | | State/Territory | | | | | | County | | | |
|  |  | |  | | | | | |  | | | |
| Dates: From | To | | State/Territory | | | | | | County | | | |
|  |  | |  | | | | | |  | | | |
| Dates: From | To | | State/Territory | | | | | | County | | | |
| **Certification** | | | | | | | | | | | | |
| I certify that I was an active or affiliate member of NEAFCS for at least 5 years, and that I have retired, resigned or otherwise become ineligible for active or affiliate membership. I understand that, should I re-enter the extension service, I will be required to resume active or affiliate membership and pay annual dues. Should I leave extension again, my membership will revert to life membership. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |
| Applicant’s Signature | | | | | | | | | | | Date | |
| **Verification** | | | | | | | | | | | | |
| I verify that the above information is correct. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |
| State/Territory President’s Signature | | | | | | | | | | | Date | |