|  |  |
| --- | --- |
|  | 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 |