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| --- | --- |
|  | Partner Membership Application Form |

**Instructions** Date:

Please print or type. Submit this application form with your $110 annual dues directly to:

NEAFCS

Re: Partner Membership

325 John Knox Rd. Suite L103

Tallahassee, FL 32303

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | | |  | | | | | |
| 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 / e-mail to my (check one): | | Work Address | | | Home Address | | | | |
|  | | | | | | | | | | | | | | |
| Please check the ONE box that BEST describes your **RELATIONSHIP TO NEAFCS PROGRAMMING**: | | | | | | | | | | | | | | |
| Nutrition | Parenting Education | | | | | | Community Development | | | | | Aging | | |
| Food Safety | Child Development | | | | | | Administration | | | | | Health | | |
| Financial Management | Housing | | | | | | 4-H Youth Development | | | | |  | | |
| Human Development | Clothing/Textiles | | | | | | Other: |  | | | | | | |