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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:  |       |