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| A picture containing text, clipart  Description automatically generated | 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 $50 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.

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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 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: | | | | | | | | | | | | | | | | | | |
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| Please check the ONE box that BEST describes **YOUR ROLE IN EXTENSION**: | | | | | | | | | | | | | | | | | | |
| Extension Agent | Extension Specialist | | | | | County Director | | | | State Program Leader | | | | | State Extension Administrator | | | |
|  | | | | | | | | | | | | | | | | | | |
| Please check the ONE box that BEST describes your **AREA OF GREATEST EXPERTISE**: | | | | | | | | | | | | | | | | | | |
| Nutrition | | | Parenting Education | | | | | | Community Development | | | | | Aging | | | | |
| Food Safety | | | Child Development | | | | | | Administration | | | | | Health | | | | |
| Financial Management | | | Housing | | | | | | 4-H Youth Development | | | | |  | | | | |
| Human Development | | | Clothing/Textiles | | | | | | Other: | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Please indicate UP TO 3 (three) **MAJOR AREAS OF PROGRAMMING** for which you have responsibility: | | | | | | | | | | | | | | | | | | |
| Nutrition | | | Parenting Education | | | | | | Community Development | | | | | Aging | | | | |
| Food Safety | | | Child Development | | | | | | Administration | | | | | Health | | | | |
| Financial Management | | | Housing | | | | | | 4-H Youth Development | | | | |  | | | | |
| Human Development | | | Clothing/Textiles | | | | | | Other: | |  | | | | | | | |