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|  | Student Membership Application Form |

**Instructions** Date:

Please print or type. If you are joining as a Student member, please submit this form along with your payment of Affiliate dues to the Affiliate Treasurer in the state of the school you are attending, and also a copy of the form with $55 (half of national dues) to the national office at NEAFCS, 325 John Knox Rd. Suite L103 Tallahassee, FL 32303.

**Category**

Student Membership—To qualify, you must be a full time graduate or undergraduate student enrolled in a University, College, or other educational setting, studying family consumer sciences or related field with an interest in Extension Education as a future career, who is not currently employed as an Extension Educator. Membership may be obtained by submitting a student status statement verifying their full time student status.

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| First Name | | | | Middle Name | | | | | | Last Name | | | | | | | | |
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| Field of Study, and Full-Time Graduate or Undergraduate Status? | | | | | | University, College, or Other Educational Setting | | | | | | | | | | | | |
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| Your **Mailing** Address at School | | | | | | City | | | | | | | State/Territory | | Zip | | | |
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| Your **Physical** Address at School (if different from your mailing address) | | | | | | City | | | | | | | State/Territory | | Zip | | | |
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| Home Address | | | | | | City | | | | | | | State/Territory | | Zip | | | |
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| Email Address | | | | | |  | | | | | | | | | | | | |
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| School Phone/Extension | | | Home Phone | | | | | | | |  | | | | | | | |
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| Send mail to my (check one): | School Address | | | | Home Address | | |  | | | | | |  | | | | |
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| Please check the ONE box that BEST describes **YOUR ROLE**: | | | | | | | | | | | | | | | | | | |
| Full-Time Undergraduate Student | | | Full-Time Graduate Student | | | | | | | | | | | | |  |  |  |
|  | | | | | | | | | | | | | | | | | | |
| Please check the ONE box that BEST describes your **AREA OF FCS STUDY/CONCENTRATION**: | | | | | | | | | | | | | | | | | | |
| 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 interest: | | | | | | | | | | | | | | | | | | |
| Nutrition | | Parenting Education | | | | | Community Development | | | | | Aging | | | | | | |
| Food Safety | | Child Development | | | | | Administration | | | | | Health | | | | | | |
| Financial Management | | Housing | | | | | 4-H Youth Development | | | | |  | | | | | | |
| Human Development | | Clothing/Textiles | | | | | Other: | |  | | | | | | | | | |