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| neafcs3 | Member in Transition Membership Application & Renewal Form |

**This is a:**  Membership Renewal  New Member Application Date:

**Instructions**

Please print or type. If you are joining/renewing as member in transition, please submit this form to your state/territory treasurer with your payment of $50 for national dues and appropriate state/territory dues. If you are joining in a state that does not have an active affiliate, please submit this form with your $50 national dues directly to NEAFCS, 325 John Knox Rd. Suite L103 Tallahassee, FL 32303.

**Category**

Member in Transition—Individuals who have been employed in any capacity with family and consumer sciences programming, who have a minimum of a bachelor’s degree, and who have been a member of NEAFCS, but has currently been furloughed, placed on temporary work assignment, working in a part-time role, or is on a leave of absence may maintain membership in the state Affiliate and NEAFCS. A member could stay in this membership category for a maximum of five (5) years and then pay dues to become a Life Member.

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| First Name | | | | | Middle Name | | | | | | | Last Name | | | | | | | |
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| Job Title | | | | | | | | Employer | | | | | | | | | | | |
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| 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 | | | | | | | | | | | |
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| Work Phone/Extension | | | | Work Fax | | | | | | | | | | Home Phone | | | | | |
| If you work in a county extension office, in which county is the above office located: | | | | | | | | | | | | |  | | | | | | |
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| 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: | |  | | | | | | | | |