



# Membership Application Form

## Instructions

Date: \_\_\_\_\_

Please print or type. If you are joining as an Active member, please submit this form to your state/territory treasurer with your payment of \$60 for national dues and \$10 for state/territory dues. (State dues are \$30 except for the first year of membership.) If you are joining as a State member, please complete this form and submit \$30.

## Category (choose one)

- Active Membership—To qualify, you must meet the membership qualifications of your state/territory affiliate AND have at least a bachelor's degree and currently be working in Extension in any capacity with family and consumer sciences or home economics programming. This membership includes membership in the National Extension Association of Family and Consumer Sciences.
- State Membership – The qualifications are the same as above. However, State membership is only available for one year as an introduction to Illinois Extension Association for Family and Consumer Sciences, and does NOT include membership in NEAFCS.

First Name	Middle Name	Last Name
Job Title		Employer
Work <b>Mailing</b> Address	City	State/Territory Zip
Work <b>Physical</b> 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

If you work in a county extension office, in which county is the above office located: \_\_\_\_\_

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:

## 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**

- |   |  |  |                                 |
|---|--|--|---------------------------------|
| <input type="checkbox"/> Nutrition            | <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Community Development | <input type="checkbox"/> Aging  |
| <input type="checkbox"/> Food Safety          | <input type="checkbox"/> Child Development   | <input type="checkbox"/> Administration        | <input type="checkbox"/> Health |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Housing             | <input type="checkbox"/> 4-H Youth Development |                                 |
| <input type="checkbox"/> Human Development    | <input type="checkbox"/> Clothing/Textiles   | <input type="checkbox"/> Other: _____          |                                 |

## Please indicate UP TO 3 (three) **MAJOR AREAS OF PROGRAMMING** for which you have responsibility:

- |   |  |  |                                 |
|---|--|--|---------------------------------|
| <input type="checkbox"/> Nutrition            | <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Community Development | <input type="checkbox"/> Aging  |
| <input type="checkbox"/> Food Safety          | <input type="checkbox"/> Child Development   | <input type="checkbox"/> Administration        | <input type="checkbox"/> Health |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Housing             | <input type="checkbox"/> 4-H Youth Development |                                 |
| <input type="checkbox"/> Human Development    | <input type="checkbox"/> Clothing/Textiles   | <input type="checkbox"/> Other: _____          |                                 |

**Please return to: Kathy Sweedler, IEAFCS Treasurer, University of Illinois Extension, Champaign Extension Center, 801 N. Country Fair Dr., Suite E, Champaign IL 61821**