



2007 Membership Renewal Form

Instructions

Date: _____

Please print or type. Please submit this form to Kathy Sweedler, IEAFCS treasurer, with your dues payment.

NEAFCS Dues are \$90, which includes \$60 for your national dues and \$30 for your state/territory dues. National dues include subscriptions to publications.

First Name	Middle Name	Last Name

Other name(s) under which your membership may be listed: _____

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

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 Month/Year you first joined NEAFCS: _____

If your membership has ever lapsed since first joining NEAFCS, please indicate the years it lapsed: _____

If you have ever been a member in another state/territory, please provide the year(s) 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 send your IEAFCS membership renewal to:
Kathy Sweedler, University of Illinois Extension, Champaign Extension Center,
801 N. Country Fair Dr., Suite E Champaign, IL 61821