



# New Member Application Form

## Instructions

October 2008

Please print or type. If you are joining as a **New** Active Member or Associate Member, please submit this form to Wisconsin state treasurer, Beverly Doll, 916 E. Elm St., P.O. Box 31, Lancaster, WI 53813 with your payment payable to WEAFCFS.

### Category (choose one)

- Active Membership in NEAFCS & WEAFCFS*—To qualify, you must meet the membership qualifications of our state 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. Dues are \$110 (\$70 for national & \$40 for state).
- Associate Membership in WEAFCFS-State Affiliate Only*—To qualify, you must meet the membership qualifications of our state affiliate. Dues are \$40. Associate Membership does not include national communications or national awards.
- Affiliated Membership in NEAFCS Only*—To qualify, you must meet all of the qualifications of Active membership EXCEPT you do not meet the membership qualifications of your state/territory affiliate. If you are joining as an Affiliate member, please submit this form with your \$70 national dues directly to NEAFCS, 14070 Proton Road, Suite 100, Dallas, Texas 75244.

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: \_\_\_\_\_

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**New Member Application Form (continued from page 1)**

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: \_\_\_\_\_

Please indicate which WEAFCS Committee you would like to serve on. Committee information is available at <http://www.uwex.edu/ces/flp/weafcs/committees.cfm>

- \_\_\_\_\_ Professional Development      \_\_\_\_\_ Public Policy Education  
\_\_\_\_\_ Awards and Recognition      \_\_\_\_\_ Member Resources

You may also serve on NEAFCS Committees. Go to <http://www.neafcs.org/content.asp?pageID=98> for more details.