**Important Instructions:**

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| Your affiliate treasurer and national office need your help in verifying that **all** of the information in your member profile is accurate.  This way, you may be certain you are receiving **all** of the benefits of your NEAFCS annual membership.  *Did you realize that you have the ability to update nearly every field in your personal member profile?  You do!  Moreover, this capability is available to you whenever you have a current Active membership.*  **Before submitting this Membership Renewal Form to your district treasurer, please review your personal member profile on the NEAFCS website:**  [**http://www.neafcs.org**](http://www.neafcs.org)**.** Under the Member Resources tab, click on *Dues Renewal.*  Upon arrival at this link, you will be prompted to log-in with your personal username and password; after your successful log-in, you will be taken directly to your member profile.   * If everything in your profile is accurate, there is nothing more that you need to do – simply enclose your membership renewal payment with this form and mail to your district treasurer. * If you see a particular field(s) that contains inaccurate information, please take a moment to update those fields with the correct information and then click on the ‘Update Now’ button at the bottom of the page to save your changes. Then enclose your membership renewal payment with this form and mail to your district treasurer.   If there is a change to your **business address** information, simply click on the link just beneath the business address section of your member profile. There, you can complete an online ‘change of business address’ form and simply click to send the new information to the national office, where it will be updated.  **\*\*A Word About Logging In\*\*** In case you run into difficulty, keep in mind that your Username and Password are *case sensitive*.  If you have logged in before and forgotten your password, there is an easy online way to retrieve it.  If after making your own attempts you are unable to log-in, please contact the national office for friendly assistance. |  |

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| neafcs3 | Active/Affiliate Renewal Membership Application Form |

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| neafcs3 | Active/Affiliate Renewal Membership Application Form ***RETURN APPLICATION to your District Treasurer*** |

**Instructions** Date:

Please print or type. NEAFCS/TEAFCS Dues for are $150, which includes **$100** for your national dues and **$50** for your TEAFCS dues. National dues include subscriptions to publications.

**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.

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| First Name | | | | | Middle Name | | | | | | | Last Name | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 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: | |  | | | | | | | | |