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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 |
|       |       |
| 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: |       |
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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:  |       |