Partner Membership Application Form

Instructions

Date: ________________

Please print or type. Submit this application form with your $100 annual dues directly to:

NEAFCS Partner Membership
14070 Proton Road, Suite 100, LB9
Dallas, Texas  75244.

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

Send mail / e-mail to my (check one):  □ Work Address  □ Home Address

Please check the ONE box that BEST describes your RELATIONSHIP TO NEAFCS PROGRAMMING:

□ Nutrition  □ Parenting Education  □ Community Development  □ Aging
□ Food Safety  □ Child Development  □ Administration  □ Health
□ Financial Management  □ Housing  □ 4-H Youth Development
□ Human Development  □ Clothing/Textiles  □ Other: ____________________________________________

Send your completed form directly to:
NEAFCS National Office, 14070 Proton Rd, Suite 100, LB9  Dallas, Texas  75244