Student Membership Application Form

Instructions
Please print or type. Submit to:
Linda S. Law-Saunders Treasurer NEAFCS-NYA
415 Lower Main Street
Hudson Falls, NY 12839

Date: ________________

Category
☐ Student Membership—To qualify, you must be a full time graduate or undergraduate student enrolled in a University, College, or other educational setting, studying family consumer sciences or related field with an interest in Extension Education as a future career, who is not currently employed as an Extension Educator. Membership may be obtained by submitting a student status statement verifying their full time student status. **Dues $55** ($50 National Dues, $5 State Dues)

First Name _________________________ Middle Name _________________________ Last Name _________________________

Field of Study, and Full-Time Graduate or Undergraduate Status? ____________________________ University, College, or Other Educational Setting ____________________________

Your Mailing Address at School ____________________________ City ____________________________ State/Territory ____________________________ Zip ____________________________

Your Physical Address at School (if different from your mailing address) ____________________________ City ____________________________ State/Territory ____________________________ Zip ____________________________

Home Address ____________________________ City ____________________________ State/Territory ____________________________ Zip ____________________________

Email Address ____________________________

School Phone/Extension ____________________________ Home Phone ____________________________

Send mail to my (check one): ☐ School Address ☐ Home Address

Please check the ONE box that BEST describes YOUR ROLE:
☐ Full-Time Undergraduate Student ☐ Full-Time Graduate Student

Please check the ONE box that BEST describes your AREA OF FCS STUDY/CONCENTRATION:
☐ 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 interest:
☐ Nutrition ☐ Parenting Education ☐ Community Development ☐ Aging
☐ Food Safety ☐ Child Development ☐ Administration ☐ Health
☐ Financial Management ☐ Housing ☐ 4-H Youth Development
☐ Human Development ☐ Clothing/Textiles ☐ Other: ____________________________________________________

For Student membership, submit this form directly to your State Affiliate Treasurer along with Affiliate Dues;
Also, send a copy of this form along with your National Dues to:
NEAFCS National Office, 14070 Proton Rd, Suite 100, Dallas, Texas 75244