



# Life Membership Application Form

## Instructions

Please print or type. Please submit this form to your state/territory president for verification. To qualify for life membership, you must have been an active or affiliate member of NEAFCS for at least 10 years and have retired, resigned or otherwise have become ineligible for active or affiliate membership. Should you ever re-enter the extension service, you will be required to resume active membership status and pay annual dues. However, you will not be re-assessed the life membership fee should you again leave the extension service.

The one-time fee for Life Membership is \$210 (three times active member dues). The Life Membership fee DOES NOT include annual subscriptions to NEAFCS publications. The subscription fee for NEAFCS publications is currently \$20/calendar year. If you wish to subscribe to NEAFCS publications, you may include your first year's subscription with your Life Membership fee.

First Name	Middle Name	Last Name
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Other name(s) under which your membership may have been listed: \_\_\_\_\_

Home Address	City	State/Territory	Zip
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Home Phone	Home Email Address
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Date of Retirement/Resignation	State/Territory from which you retired/resigned	Dates of employment by that state/territory (From/To)
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I wish to subscribe to NEAFCS publications and have enclosed an additional \$20 for this year's subscription.

I was a member of NEAFCS as follows:

Dates: From	To	State/Territory	County
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Dates: From	To	State/Territory	County
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Dates: From	To	State/Territory	County
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Dates: From	To	State/Territory	County
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Dates: From	To	State/Territory	County
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## Certification

I certify that I was an active or affiliate member of NEAFCS for at least 10 years, and that I have retired, resigned or otherwise become ineligible for active or affiliate membership. I understand that, should I re-enter the extension service, I will be required to resume active or affiliate membership and pay annual dues. Should I leave extension again, my membership will revert to life membership.

Applicant's Signature	Date
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## Verification

I verify that the above information is correct.

State/Territory President's Signature	Date
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**Submit this form directly to your State Affiliate President**