



North Carolina Extension Association of Family & Consumer Sciences

**The Professional Association of North Carolina Cooperative Extension
Family and Consumer Educators**

State Life Membership Application

Send one copy and appropriate dues to the current district treasurer who will in turn send on to the State Treasurer. State treasurer will send a copy of application to current NCEAFCS Vice-President for Member Resources and notify the web master to add life member to web page.

Name _____

Mailing Address _____

Town, State, Zip _____

Phone _____ E-mail (optional) _____

Retirement Date _____ District where a member _____

Dates of employment in District above: From _____ To _____

I was a member of NCEAFCS or NCAEHE as follows:

County	From (Date)	To (Date)

Dues: Pay amount indicated by year of your retirement. (Check only the one which applies)

- Prior to 1969 - \$10.00 1970 to 1979 - \$20.00
 1980 to 1989 - \$40.00 1990 to 1993 - \$60.00
 1994 to present - pay equivalent of your current district, state, national dues.

Write in amount \$ _____

I certify that for at least 5 years I was a member of the North Carolina Extension Association of Family and Consumer Sciences. I was an active member at retirement or when I became ineligible for active membership and wish to become a State Life Member.

Date _____ Signature of Applicant: _____

I have verified the above is correct according to Association Records and recommend this person for State Life Membership in NCEAFCS.

Date _____ State Treasurer _____

Make Check payable to NCEAFCS