



# 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