

AAFCS Membership Application

Join or Renew with AAFCS today! Please complete this application and mail to AAFCS:

American Association of Family & Consumer Sciences
PO Box 79377
Baltimore, MD 21279-0377
or FAX to 703-706-4663.

Member Number (Renewing members only): _____
Sponsored by: _____
Name: _____ Title: _____
School/Business: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Home Phone: _____

Work Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Work Phone: _____

Fax: _____ Email: _____

Member Type: New Renewal Lapsed
Preferred Mailing Address: Home Work
Preferred Affiliate if different from State of Address above: _____

Membership Category:

Please choose one category below. Learn more about category information online at <http://www.aafcs.org/Membership/Benefits.asp>.

Active Member = \$135* (California/Ohio \$140, Kansas/Nebraska/Texas \$145, Iowa \$150)

**The first year of Active Membership is at the special introductory rate of \$100 (California/Ohio \$105, Kansas/Nebraska/Texas \$110, Iowa \$115)*

Ellen Richards Sustaining Member = \$250 (California/Ohio \$255, Kansas/Texas \$260, Iowa \$265)

Associate = \$115 (California/Ohio \$120, Kansas/Texas \$125, Iowa \$130)

Student (Collegiate/Postsecondary) = \$60 (Texas \$70) ***Students must complete student status statement below in full*

Emeritus = \$95 (California/Ohio \$100, Kansas/Texas \$105)

Organizational (Corporate/Business) = \$750

Organizational (Non-Profit) = \$500

International Federation of Home Economics Member (optional) = \$85

AAFCS membership is required to join the IFHE. Learn more information about the IFHE at www.ifhe.org

****Student Status Statement:**

I am currently enrolled on a full-time basis as a(n) (check one):

Student (Postsecondary, Undergraduate, or Graduate)

My anticipated date of completion is _____

Full name of my school/college/university/institution (no acronyms)

Student Signature

Date

Faculty/Teacher Confirmation: I confirm that the applicant is a full-time student at my school/college/university/institution.

Faculty/Teacher Signature

Date

Subscription: One-year subscription to the *Family & Consumer Sciences Research Journal*.

Special Member Price = \$30 (Nonmember price \$134)

AAFCS Dues: \$ _____

IFHE Dues: \$ _____

Subscription: \$ _____

TOTAL: \$ _____

Payment Options:

Check/Money Order Make payable to AAFCS in U.S. dollars.

Purchase Order: Number # _____

Actual purchase order must accompany Membership Application.

Credit Card: VISA MasterCard

Card #: _____ Expiration: ____ / ____

Card Holder Name:

Signature: _____

Signature is required for authorizing credit card payment.

Please retain a copy of this form for your records.