

AAFCS Membership Application

[Please Print]

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 ***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) = \$100

☐ Student Membership in IFHE (optional) = \$30

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 ☐ American Express

Card #: _____ Expiration: ____ / ____

Card Holder Name: _____

Signature: _____

Signature is required for authorizing credit card payment.