

# 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 **\*\*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](http://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.

