Membership Application

❒ **New member** ❒ **Renewal**

Member Category	**Annual Dues**
❒ Individual	$160
❒ Institutional*	$390
❒ Full-time student**	$25

*Provides benefits for three people within an organization. Please designate three representatives on a separate page.
**Must provide proof of full-time student status. Includes electronic-only access to *Family Court Review*.

AFCC Chapter Dues — Chapter members must be members of the AFCC parent organization.

Alberta
❒ Individual $50
❒ Student $25

Arizona
❒ Individual $40
❒ Institutional $50
❒ Student $10

Australia
❒ Individual $50
❒ Student $20

California
❒ Individual $65
❒ Institutional $75
❒ Student $10

Colorado
❒ Individual $25
❒ Student $10

Connecticut
❒ Individual $25
❒ Student $10

Florida
❒ Individual $40
❒ Institutional $55
❒ Student $10

Illinois
❒ Individual $25
❒ Student $10

Indiana
❒ Individual $25
❒ Student $15

Louisiana
❒ Individual $50

Maryland
❒ Individual $35
❒ Student ..... Free

Massachusetts
❒ Individual $30
❒ Institutional $50
❒ Student ..... Free

Minnesota
❒ Individual $25
❒ Student ..... Free

Missouri
❒ Individual $30
❒ Institutional $55
❒ Student $15

New Jersey
❒ Individual $30

New York
❒ Individual $55
❒ Institutional $100
❒ Student ..... Free

Ohio
❒ Individual $30

Ontario
❒ Individual $45
❒ Student ..... Free

Oregon
❒ Individual $40
❒ Student $10

Texas
❒ Individual $20
❒ Institutional $40
❒ Student $5

Washington
❒ Individual $40
❒ Student $10

Wisconsin
❒ Individual $25
❒ Student $10

Please complete the following as you wish it to appear in the AFCC online membership directory.

By joining AFCC I agree to subscribe to its mission, vision and values.

❒ Ms. ❒ Mr. ❒ Dr. ❒ Judge

First Middle Last

Academic Degree (up to three may be listed)

Job Title/Organization

Street Address

City State/Province

Postal Code Country

Telephone Fax

Email Address

Website

Total Amount Due $ _____

Please send checks and money orders in US dollars.
All credit card payments from outside the US will be processed at the exchange rate on the date of transaction.

❒ Check or money order enclosed

❒ Visa ❒ Mastercard ❒ AMEX ❒ Discover

Card No. _____

Exp. Date ____/____/____ Security Code _____

Signature _____

How did you hear about AFCC?

❒ Colleague (please provide name)_____
❒ AFCC conference or training ❒ Internet
❒ AFCC Chapter event ❒ Mailing
❒ *AFCC eNews* ❒ Other _____

Please return this completed form and payment to:
Association of Family and Conciliation Courts
6525 Grand Teton Plaza • Madison, WI 53719
Phone: 608-664-3750 • Fax: 608-664-3751
afcc@afccnet.org