SCHOOL NUTRITION ASSOCIATION™ — NATIONAL AND STATE NEW MEMBER APPLICATION

Member ID

(1) **Have you ever been an SNA (formerly ASFSA) member before?** ☐ Yes ☐ No

(2) **First Name** | **M** | **Last Name**

(3) **Job Title**

(4) **School District**

(5) **School Name** | (6) **Chapter No.**

(7) **Who introduced you to SNA?** First Name | Last Name

(8) Home Phone ( ) - | Business Phone ( ) - | Extension | Fax Number ( ) -

Preferred Mailing Address ☐ Home ☐ Work (Check only one)

(9) Address | Suite/Apt

City | State | Zip -

Secondary Address ☐ Home ☐ Work (Check only one)

(10) Address | Suite/Apt

City | State | Zip -

National Membership Categories and Dues (Select one only)* (See back for description)

(11)

			Dues Amt
School Foodservice ☐	**Child Care** ☐		
☐ Employee	☐ Student	☐ Retired	**$25**
☐ Assistant Manager	☐ Manager		**$27**
Director/Supervisor/Specialist: ☐ District ☐ Major City ☐ State Agency ☐ Child Care Director			**$90**
☐ Other (Principals, Superintendents, Teachers, etc.) ☐ Nutrition Educator (College/University Level)			
☐ Affiliate Retired	☐ Affiliate Part-Time		**$10**

(12) Employed by? ☐ Public School ☐ Private School ☐ Private Management Company ☐ Day/Family Home Care

(13) **Does your employer pay your dues?** ☐ Yes ☐ No

(14) **Are you the District Director of foodservice operations?** ☐ Yes ☐ No

(15) **E-mail**

(16) **NATIONAL DUES** $.

(17) **Your state dues are: (Record state dues paid in the space provided on right) Choose only one.***
$10.00 STU/SFM/FNE/CCM/CCE/AFR/AFE/ **$70.00 SDS/OTH/MCD/EDU/DDS/CCD/**

CT (17) **STATE DUES** $.

(18) **TOTAL DUES** $.

(21) **Please make your check payable to:** SNA

(22) **Mail application and check to:**

SNA
PO BOX 791004
BALTIMORE, MD 21279-1004

Foundation (Funds/Scholarships for members) ___ $1 ___ $5 ___ $10 ___ $15 ___ Other $.

(19) I want to support SNA's legislative goals and its Political Action Committee (SNA PAC) ___ $1 ___ $5 ___ $10 ___ $25 ___ $50 ___ Other $.

(20) **TOTAL PAYMENT** $.

(23) **Signature** _____ Date / /

Return form with your check. See reverse side for important information.
***DUES SUBJECT TO CHANGE.**