



NATIONAL AND STATE NEW MEMBER APPLICATION

Member ID _____

① Have you ever been a SNA member? Yes No

② First Name _____ M _____ Last Name _____

③ Job Title _____ Email _____

④ School District _____ ⑤ School Name _____ ⑥ Chapter No. _____

⑦ Home Phone _____ Work Phone _____ Fax _____

⑧ Work Mailing Address (School District Owned Membership requires work address)
 Address _____ Suite _____
 City _____ State _____ Zip _____

⑨ Home Mailing Address (For Individual Membership only)
 Address _____ Suite/Apt _____
 City _____ State _____ Zip _____

⑩ Who introduced you to SNA? First Name _____ Last Name _____

For Individual Membership, please indicate preferred mailing address Work Home

⑪ Membership Category (Check either individual membership or school district owned membership (SDM). See back for description)

National Dues

Member Categories	Individual Membership	School District Owned Membership
SN Employee	\$26 <input type="checkbox"/>	\$26 <input type="checkbox"/>
Child Care Employee	\$26 <input type="checkbox"/>	\$26 <input type="checkbox"/>
Student	\$26 <input type="checkbox"/>	N/A
Retired	\$26 <input type="checkbox"/>	N/A
SN Manager	\$28 <input type="checkbox"/>	\$28 <input type="checkbox"/>
Child Care Manager	\$28 <input type="checkbox"/>	\$28 <input type="checkbox"/>
District Director/Supv/Spec	\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
Major City Director/Supv/Spec	\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
State Agency Director and Staff	\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
Child Care Director/Supv	\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
Nutrition Educator	\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
Other	\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
Affiliate Employee	\$12 <input type="checkbox"/>	N/A
Affiliate Retired	\$12 <input type="checkbox"/>	N/A

⑫ Employed by Public School
 Private School
 Private Management Company
 CACFP

⑬ Does your employer pay your dues? Yes No

⑭ Are you responsible for school nutrition operations in your school district? Yes No

Both National and State Dues are required:

⑮ NATIONAL DUES \$ _____ . _____

⑯ STATE DUES* \$ _____ . _____

⑰ TOTAL DUES \$ _____ . _____

⑱ SN Foundation (Funds/Scholarships for members) _____ \$1 _____ \$5 _____ \$10 _____ \$15 _____ Other \$ _____ . _____

⑲ Political Action Committee (PAC) _____ \$1 _____ \$10 _____ \$25 _____ \$50 _____ Other \$ _____ . _____

⑳ TOTAL PAYMENT \$ _____ . _____

⑰ Your STATE DUES are: (Record state dues in the space provided on right) Choose one.*

KENTUCKY

\$5.00 STU/SNM/RET/SNE/CCE/CCM/AFE/AFR

\$10.00 SDS/OTH/MCD/EDU/DDS/CCD

Get 1 free SDM membership for every 5 new SNE/SNM purchased

This is the free SNE membership application

This is the free SNM membership application

⑳ Individual Membership Signature _____ Date _____

㉑ School District Administrator (Required for SDM)

Name _____

Address _____

City, State and Zip _____

Email _____

Business Phone Number _____ Date _____

Signature _____

For SDM multiple applicants, you may use a spreadsheet found at www.schoolnutrition.org.

See reverse side for important information.

Dues subject to change.

Return form with your check or money order made payable to SNA
 Mail application to SNA, PO Box 791004, Baltimore, MD 21279-1004