



NATIONAL AND STATE NEW MEMBER APPLICATION

Member ID _____

- ① Have you ever been a SNA member? Yes No
- ② First Name _____ Last Name _____
- ③ Email _____ Job Title _____
- ④ School District _____ ⑤ School Name _____ ⑥ Chapter No. _____
- ⑦ Work Phone _____ Home Phone _____
- ⑧ Work Mailing Address (Please indicate preferred mailing address Work Home)
 Address _____ Suite _____
 City _____ State _____ Zip _____
- ⑨ Home Mailing Address
 Address _____ Suite/Apt _____
 City _____ State _____ Zip _____
- ⑩ Who referred you to SNA? First Name _____ Last Name _____ (Optional) Member ID: _____
- ⑪ Membership Category (Check either individual membership or school district/state agency membership (SDM). See back for description)

National Dues

Member Categories	Individual Membership	School District/ State Agency Membership
SN Employee	\$36 <input type="checkbox"/>	\$36 <input type="checkbox"/>
Student	\$36 <input type="checkbox"/>	N/A
Retired	\$36 <input type="checkbox"/>	N/A
SN Manager	\$38 <input type="checkbox"/>	\$38 <input type="checkbox"/>
District Director/Supv/Spec	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Major City Director/Supv/Spec	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
State Agency Director and Staff	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Nutrition Educator	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Other	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Affiliate Employee	\$18 <input type="checkbox"/>	N/A
Affiliate Retired	\$18 <input type="checkbox"/>	N/A

- ⑫ Employed by? Public School Private Management Company
 Private School CACFP
- ⑬ Does your employer pay your dues? Yes No
- ⑭ Are you responsible for school nutrition operations in your school district? Yes No

National, State Dues and Processing Fee are required.

⑮ NATIONAL DUES \$.

NE ⑯ STATE DUES* \$.

⑰ PROCESSING FEE \$ **2** **0** **0**

⑱ TOTAL DUES \$.

⑲ Tax-deductible contribution to SN Foundation \$.
 ___\$10 ___\$25 ___\$50 ___Other

⑳ TOTAL PAYMENT \$.

⑯ Your STATE DUES are: (Record state dues in the space provided on right) * Select one.

\$13.50 All Members

㉑ CREDIT CARD INFO: EXP. DATE _____
 # _____

㉒ Individual Membership Signature _____ Date _____

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

See reverse side for important information.

Dues subject to change.

㉒ FOR SCHOOL DISTRICT MEMBERSHIP (SDM) ONLY

SDM Main Contact Name _____

(Optional) SDM Main Contact Member ID _____

Email _____

Business Phone Number _____

Return this form with your credit card information, or your check or money order made out to SNA
 Mail application to SNA, PO Box 759297, Baltimore, MD 21275-9297