



# 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 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_
- 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 \_\_\_\_\_
- ⑪ Membership Category (Check either individual membership or school district/state agency owned membership (SDM). See back for description)

### National Dues

| Member Categories               | Individual Membership          | School District/State Agency Owned Membership |
|---------------------------------|--------------------------------|---|
| SN Employee                     | \$30 <input type="checkbox"/>  | \$30 <input type="checkbox"/>                 |
| Child Care Employee             | \$30 <input type="checkbox"/>  | \$30 <input type="checkbox"/>                 |
| Student                         | \$30 <input type="checkbox"/>  | N/A   |
| Retired                         | \$30 <input type="checkbox"/>  | N/A   |
| SN Manager                      | \$32 <input type="checkbox"/>  | \$32 <input type="checkbox"/>                 |
| Child Care Manager              | \$32 <input type="checkbox"/>  | \$32 <input type="checkbox"/>                 |
| District Director/Supv/Spec     | \$110 <input type="checkbox"/> | \$110 <input type="checkbox"/>                |
| Major City Director/Supv/Spec   | \$110 <input type="checkbox"/> | \$110 <input type="checkbox"/>                |
| State Agency Director and Staff | \$110 <input type="checkbox"/> | \$110 <input type="checkbox"/>                |
| Child Care Director/Supv        | \$110 <input type="checkbox"/> | \$110 <input type="checkbox"/>                |
| Nutrition Educator              | \$110 <input type="checkbox"/> | \$110 <input type="checkbox"/>                |
| Other                           | \$110 <input type="checkbox"/> | \$110 <input type="checkbox"/>                |
| Affiliate Employee              | \$16 <input type="checkbox"/>  | N/A   |
| Affiliate Retired               | \$16 <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.

NE

⑮ NATIONAL DUES \$    .

⑯ STATE DUES\* \$    .

⑰ PROCESSING FEE \$    **2** . **00**

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) Choose one.\*

\$13.50 All Members

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 \_\_\_\_\_

For SDM multiple applicants, you may use a spreadsheet found at [www.schoolnutrition.org/sdm](http://www.schoolnutrition.org/sdm).

See reverse side for important information.

Dues subject to change.

㉑ CREDIT CARD INFO: EXP. DATE \_\_\_\_\_

# \_\_\_\_\_

㉒ FOR SCHOOL DISTRICT OWNED MEMBERSHIP (SDM) ONLY

SDM Administrator Name \_\_\_\_\_

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