



## Washington School Nutrition Association Industry Member Application

Date: \_\_\_\_\_ New \_\_\_\_\_ Renew \_\_\_\_\_  
(Please check one)

Choose one:

\_\_\_\_\_ Individual Membership (\$ 40)

\_\_\_\_\_ Corporate Membership (\$160) -- Membership designed for companies that wish to have a membership for up to six employees of that company.)

### Section I: (Complete for Individual Membership Only) ~ Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Section II: (Complete for Corporate Membership Only) ~ Please Print

Company Name \_\_\_\_\_

Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Additional Member Names:

1. Last \_\_\_\_\_ First \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_

3. Last \_\_\_\_\_ First \_\_\_\_\_

4. Last \_\_\_\_\_ First \_\_\_\_\_

5. Last \_\_\_\_\_ First \_\_\_\_\_

**Payment:** ☐ Check (enclosed) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ ZIP \_\_\_\_\_

Please send this completed form to: WSNA, 26009 114th St. Ct E Buckley, WA 98321  
(425)205-9445, wsnaboard@gmail.com