



# 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 \_\_\_\_\_