NATIONAL AND STATE NEW MEMBER APPLICATION

			Member ID	- 1. 1.217
 Have you ever been a SNA member? Yes No First Name 	Last Name			
3 Email	Job Title	an July St		Print -
4 School District	5 School Name	1 1	6 Chapter No.	на на М Пологија
7 Work Phone	Home Phone	14 A.		
8 Work Mailing Address (Please indicate preferred mailing Address		i na se na traveni na internet	Suite	CHE Sout L
City	State		Zip	
9 Home Mailing Address Address			Suite/Apt	i lr
City	State		Zip	
(10) Who referred you to SNA? First Name	Last Name	an la chuire an la chuire an la chuireachadh an l	(Optional) Member ID:	i Cinto Li To V

(1) Membership Category (Check either individual membership or school district/state agency membership (SDM). See back for description)

SCHOOL NUTRITION Association

Your STATE DUES are: (Record state dues in the space provided on right) * Select one. \$5.50 For All Member Categories (19) Tax-deductible contribution to SN Foundation (20) TOTAL PAYMENT (20) TOTAL PAYMENT		Nation	(12) Employed by? Dublic School Private Management Company			
Student \$36 N/A Retired \$36 N/A Retired \$36 N/A SN Manager \$38 \$38 District Director/Supv/Spec \$130 \$130 State Agency Director and Staff \$130 \$130 Other \$130 \$130 Affiliate Employce \$18 N/A Affiliate Retired \$18 N/A Your STATE DUES are: (Record state dues in the space provided on right) * Select one. \$5.50 For All Member Categories \$10 \$25 \$50 Your STATE DUES are: (Record state dues in the space provided on right) * Select one. \$10 \$25 \$50 \$10 \$12 \$10 Solual Member Ship Signature	Member Categories		State Agency			
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For SDM multiple applicants, you may use a spreadsheet found at www.schoolnutrition.org/sdm. SDM Main Contact Name				(22) FOR SCHOOL DISTRICT MEMBERSHIP (SDM) ONLY		
See reverse side for important information. Email	www.schoolnutrition.org/sdm.			SDM Main Contact Name (Optional) SDM Main Contact Member ID		
Dues subject to change. Business Phone Number						
	Dues subject to change.			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 Depository, PO Box 719297, Philadelphia, PA 19171-9297

SNA National and State Membership Application Guidelines

Membership Application for Individual and School District Memberships.

Instructions for completing the front of this application:

- 1. Please indicate if you have ever been a SNA member.
- 2. Print your full name as you would like it to appear in your membership record and on your membership card.
- 3. Print your email address and job title. All SNA members automatically receive emailed information related to the organization.
- 4. Print your current school district.
- 5. Print your current school name.
- 6. If you know your local chapter number, please fill in.
- 7. Print your work and home phone number.
- 8. Print your work mailing address.
- 9. Print your home mailing address.
- 10. Print full name of member referrer who introduced you to SNA (only needed for new members). This will give the person credits for Star Club and annual membership campaign drives. Optional: Include referrer's SNA member ID.
- 11. Please review the membership categories listed. Check one that best describes your position. School District/State Agency Membership (SDM) is a membership managed or coordinated by the school district/state agency and can be transferred to another individual in the same membership category. Please check with your district to see if you are eligible for SDM.
- 12. Please check if you are employed by public school, private school, or private management company.
- 13. Please indicate if your employer pays your dues.
- 14. Please indicate if you are responsible for school nutrition operations in your school district.
- 15. Record your national dues based on membership category checked.
- 16. Record your state dues based on the dues listed on left side of application under "Your state dues are:"
- 17. All applications must include the processing fee.
- 18. Please add national, state dues and processing fee amounts. This is the total dues amount to be paid. Applications with incorrect total amount will be returned resulting in a delay of member benefits.
- 19. Record your optional contribution to the School Nutrition Foundation. The School Nutrition Foundation is a 501(c)(3) organization and donations are tax deductible. Your contribution of \$10 or more will be acknowledged by the School Nutrition Foundation.
- 20. Add national dues, state dues, processing fee and any optional contributions. This is the total payment.
- 21. If paying by credit card, please enter your credit card information.
- 22. This box must be completed for SDM applicants.
- 23. Please sign and date your completed application. Required for individual membership only. Mail your application and payment to SNA, SNA Depository, PO Box 719297, Philadelphia, PA 19171-9297.

Membership dues cover a full year of benefits. Processing of application takes approximately two to four weeks from receipt of payment. New members will be mailed a membership card about two weeks after application has been completely processed.

Dues Category	Membership Category	Description	Individual Membership	School District/ State Agency Membership	
SNE	School Nutrition Employee	Cooks, chefs, bakers, bookkeepers, technicians, assistants, etc.	\$36	\$36	
STU	Student	Full-time students enrolled in post-secondary nutrition, health or other food related program. Does not include right to vote.	\$36	N/A	
RET	Retired	Retired Members.	\$36	N/A	
SNM	School Nutrition Manager	Managers, head cooks, head chefs, assistant managers.	\$38	\$38	
DDS	School Nutrition Director, Supervisors, Specialist, Executive Chefs	Working in a school nutrition program at the school district level.	\$130	\$130	
MCD	School Nutrition Director, Supervisor, Specialist (Major City)	Working in a school nutrition program where the school district enrollment is 40,000 or more or city population is 200,000 or more.	\$130	\$130	
SDS	State Agency Director, Supervisor, Specialist	Working in state office for child nutrition programs, including nutrition education.	\$130	\$130	
EDU	School Nutrition Educator	Faculty working in a college/university setting.	\$130	\$130	
ОТН	Other	Principals, Superintendents, Teachers, etc. Does not include right to vote.	\$130	\$130	
AFE	Affiliate Part-Time Staff (less than 4 hours daily)	Optional membership category for retired or part-time school nutrition staff. Does not include a subscription to <i>SN</i> magazine or the right to vote in the annual SNA election.	\$18	N/A	
AFR	Affiliate Retired	OR A STOLE SE	\$18	N/A	

Note: Contributions or gifts to SNA are not deductible as charitable contributions for federal income tax purposes. Contributions to the Foundation are deductible for IRS purposes. \$2.00 of your national dues is used for your subscription to the *SN* magazine.