



NATIONAL AND STATE NEW MEMBER APPLICATION

Member ID _____

① Have you ever been a SNA member? Yes No

② First Name _____ M _____ Last Name _____

③ Job Title _____ Email _____

④ School District _____

⑤ School Name _____ ⑥ Chapter No. _____

⑦ Who introduced you to SNA? First Name _____ Last Name _____

⑧ Home Phone _____ Work Phone _____ Extension _____ Fax Number _____

⑨ Preferred Mailing Address Home Work (Check only one)

Address _____ Suite/Apt _____

City _____ State _____ Zip _____

⑩ Secondary Address Home Work (Check only one)

Address _____ Suite/Apt _____

City _____ State _____ Zip _____

⑪ Membership Categories and Dues (Select only one)* (See back for description) Both National and State dues are required.

School Nutrition <input type="checkbox"/>	Child Care <input type="checkbox"/>	Dues Amt
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	\$26
<input type="checkbox"/> Assistant Manager	<input type="checkbox"/> Retired	\$28
Director/Supervisor/Specialist:		
<input type="checkbox"/> District	<input type="checkbox"/> Major City	\$95
<input type="checkbox"/> Child Care	<input type="checkbox"/> State Agency	
<input type="checkbox"/> Other (Principal, Superintendent, Teacher, etc.)		\$12
<input type="checkbox"/> Nutrition Educator (College/University Level)		
<input type="checkbox"/> Affiliate Retired	<input type="checkbox"/> Affiliate Part-Time	

⑫ Employed by? Public School
 Private School
 Private Management Company
 CACFP

⑬ Does your employer pay your dues? Yes No

⑭ Are you responsible for school nutrition operations in your school district? Yes No

⑯ Your state dues are: (Record state dues paid in the space provided on right) Choose only one.*
 \$10.00 STU/SFM/SDS/RET/OTH/MCD/FNE/ \$15.00 SDS/OTH/MCD/EDU/DDS/CCD/

⑮ NATIONAL DUES \$ [] [] [] . [] []

TN ⑯ STATE DUES \$ [] [] [] . [] []

⑰ TOTAL DUES \$ [] [] [] . [] []

⑱ SN Foundation (Funds/Scholarships for members) \$ [] [] [] . [] []

⑱ Political Action Committee (SNA PAC) \$ [] [] [] . [] []

⑳ TOTAL PAYMENT \$ [] [] [] . [] []

Dues subject to change. See reverse side for more information.

㉑ Signature _____ Date _____

Return form with your check or money order made payable to SNA
 Mail application to SNA, PO Box 791004, Baltimore, MD 21279-1004