

# State Membership Forms

## Please Note:

Use these forms only for members to apply for or renew state-only membership.

State members who are also joining national SHOULD NOT USE THIS FORM.

Feel free to make copies of this page for your members' use. Forms are also available on the MSNA website: [www.mdsna.org](http://www.mdsna.org).

If you have questions, contact Kim Kerry at [admin@mdsna.org](mailto:admin@mdsna.org) or 1-877-886-7372.

Mail these forms to:

MSNA Processor  
10013 Herding Row  
Columbia, MD 21046

Maryland School Nutrition Association (MSNA) <b>MEMBERSHIP APPLICATION</b>	
<i>This form is for use only by those who are joining/renewing MSNA without joining/renewing SNA. If you are an SNA member or are joining SNA, DO NOT use this form.</i>	
Name:	
Address: (Street)	
(City & State)	(Zip)
Phone: (Home)	(Work)
Fax:	Email:
Chapter Affiliation: (county where you work)	___New Member ___Renewal
<b>Fees (Check One)</b> ___ \$6.00 Part Time (Fewer than 4 hours & Retirees) ___ \$10.00 Single Unit (Employees 4 hours & over) ___ \$15.00 Central Unit (Personnel & others eligible)	Make checks payable to: <b>MSNA</b> <i>If form is sent in by your chapter's membership chairperson, then card will be sent back to him/her.</i>

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