



# 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"/> Retired		
<input type="checkbox"/> Assistant Manager	<input type="checkbox"/> Manager	\$28
<b>Director/Supervisor/Specialist:</b>		
<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.)		
<input type="checkbox"/> Nutrition Educator (College/University Level)		
<input type="checkbox"/> Affiliate Retired	<input type="checkbox"/> Affiliate Part-Time	\$12

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

⑮ NATIONAL DUES \$    .

MD ⑯ STATE DUES \$    .

⑰ TOTAL DUES \$    .

⑱ SN Foundation (Funds/Scholarships for members) \$    .    
 \$1  \$5  \$10  \$15  Other

⑲ Political Action Committee (SNA PAC) \$    .    
 \$1  \$10  \$25  \$50  Other

⑳ TOTAL PAYMENT \$    .

State dues inclusive of SNA's \$1.75 national processing fee.

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

## SNA National and State Membership Application Guidelines

Please print clearly. Complete all appropriate items.

1. Have you ever been a SNA member? Check yes or no, whichever applies to you.
2. Print legibly your full name as you would like it to appear in the membership record and on your membership card.
3. Print your job title and email address.
4. Print your current school district.
5. Print your current school name.
6. If you know your local chapter number, please fill in.
7. Full name of sponsor who introduced you to SNA.
8. Enter your home, work, and fax number.
9. Full mailing address (address abbreviations listed below). Check the appropriate box.
10. Full secondary address (address abbreviations listed below). Check the appropriate box.
11. Please review the membership categories listed. Check one that best describes your position and the dues amount.
12. Please check if you are employed by public school, private school, private management company, or CACFP.
13. Does your employer pay your dues? Check yes or no, whichever applies.
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 state dues listed on left side of application under "Your state dues are:"**
17. Please add National and State dues amounts. This is the total to be paid. **All national members must pay state dues.**
18. Record your optional contribution to the School Nutrition Foundation. The School Nutrition Foundation is a 501(c)(3) organization and donations are tax-deductible to the fullest extent of the law.
19. Record your optional contribution to the SNA PAC. Contributions are not tax-deductible. Any amount is welcome, and your decision to contribute will not affect your relationship with the association. Only individuals may contribute, not school districts.
20. **Add National and State dues and any optional contributions. This is the total payment.**
21. Please sign and date your completed application. Mail your application and payment to SNA, PO Box 791004, Baltimore, MD 21279-1004.

Membership dues cover a full year of benefits. Processing of application takes approximately two to four weeks from date of receipt. Members will receive a membership card within two weeks once application is processed.

### Standard Address Abbreviations:

Avenue - Ave	Circle - Cir	Lane - Ln	Road - Rd	Street - St
Boulevard - Blvd	Drive - Dr	Highway - Hwy	Route- Rte	

Dues Category	Membership Category	Description	National Dues
<b>SNE</b>	School Nutrition Employee	Cooks, bakers, bookkeepers, technicians, assistants, etc.	<b>\$26</b>
<b>CCE</b>	Child Care Employee	Child / Day / Family / Home Care Center Providers.	<b>\$26</b>
<b>STU</b>	Student	Full-time students enrolled in post-secondary nutrition, health or other food related program. Does not include right to vote.	<b>\$26</b>
<b>RET</b>	Retired	Retired Members.	<b>\$26</b>
<b>SNM</b>	School Nutrition Manager	Managers, head cooks, assistant managers.	<b>\$28</b>
<b>CCM</b>	Child Care Manager	CACFP Supervisory Staff.	<b>\$28</b>
<b>DDS</b>	School Nutrition Director, Supervisor, Specialist	Working in a school nutrition program at the school district level.	<b>\$95</b>
<b>MCD</b>	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.	<b>\$95</b>
<b>SDS</b>	State Agency Director, Supervisor, Specialist	Working in state office for child nutrition programs, including nutrition education.	<b>\$95</b>
<b>CCD</b>	Child Care Director	CACFP Sponsor.	<b>\$95</b>
<b>EDU</b>	School Nutrition Educator	Faculty working in a college/university setting.	<b>\$95</b>
<b>OTH</b>	Other	Principals, Superintendents, Teachers, etc. Does not include right to vote.	<b>\$95</b>
<b>APE</b>	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.	<b>\$12</b>
<b>AFR</b>	Affiliate Retired		<b>\$12</b>

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.

School Nutrition Association \* 700 South Washington Street Suite 300 \* Alexandria, VA 22314

Phone: 800-877-8822 \* Fax: 703-739-3915 \* Web site: <http://www.schoolnutrition.org> \* E-mail: [membership@schoolnutrition.org](mailto:membership@schoolnutrition.org)