

Mail completed form and payment to: MSNA, 10013 Herding Row, Columbia, MD 21046

Maryland School Nutrition Association (MSNA)

MEMBERSHIP APPLICATION

*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.*

Name:	
Address: (Street)	
(City & State)	(Zip)
Phone: (Home)	(Work)
Fax:	Email:
Chapter Affiliation: (county where you work)	<input type="checkbox"/> New Member <input type="checkbox"/> Renewal
Fees (Check One) <input type="checkbox"/> \$6.00 Part Time (Fewer than 4 hours & Retirees) <input type="checkbox"/> \$10.00 Single Unit (Employees 4 hours & over) <input type="checkbox"/> \$15.00 Central Unit (Personnel & others eligible)	Make checks payable to: MSNA <i>If form is sent in by your chapter's membership chairperson, then card will be sent back to him/her.</i>