

Chapter Re-affiliation Form
School Nutrition Association of North Carolina
Dawn Roth
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Concord NC 28027

Send original copy of this form to the address above. Please provide all information requested. *According to the SNA-NC procedures, a local chapter needs to send a list of officers each year. The best time to complete the form is after electing officers. If your chapter has terms which span more than one school year, send a new form to the Executive Director at the beginning of each school year.*

Name of Chapter: _____

Date of Election: _____

The _____ Chapter of the School Nutrition Association of North Carolina, having completed requirements for Chapter organization as prescribed by the SNA-NC bylaws, hereby applies for affiliation with the School Nutrition Association of North Carolina. Following are the names and addresses for the year 20__ to 20__.

<p>President: Membership Number: _____ Name: _____ Address: _____ City, State, Zip: _____ Work Phone: _____ FAX: _____ e-mail: _____ Term of Office: _____ (Month/Year to Month/Year)</p>	<p>Secretary: Name: _____ Term of Office: _____</p>
<p>President-elect: Name: _____ Term of Office: _____</p>	<p>Treasurer: Name: _____ Term of Office: _____</p>
<p>Vice-President: Name: _____ Term of Office: _____</p>	<p>Chapter Advisor: Name: _____ Term of Office: _____</p>

Signed by: _____

Chapter President

Date

___ Affiliation for New Chapter (attach Chapter Bylaws and a list of members with membership numbers)

___ Re-affiliation (Just return form.)

Office Use Only

Reviewed and approved: _____ District _____ District Director _____ Member Services Chair _____