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___.

President: Membership Number:_____ Name:_____ Address:_____ City, State, Zip:_____ Work Phone:_____ FAX:_____ **E-mail:**_____ Term of Office:_____ **(Month/Year to Month/Year)**	**Secretary:** Name:_____ Term of Office:_____ **E-mail address is required for the President. If one is not available, please use your director, supervisor or manager's e-mail address.**
President-elect: Name:_____ Term of Office:_____	**Treasurer:** Name:_____ Term of Office:_____
Vice-President: Name:_____ Term of Office:_____	**Chapter Advisor:** Name:_____ Term of Office:_____

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_____