



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. _____

6 Home Phone _____ Work Phone _____ Fax _____

7 Work Mailing Address (School District Owned Membership requires work address)

Address _____ Suite _____

City _____ State _____ Zip _____

9 Home Mailing Address (For Individual Membership only)

Address _____ Suite/Apt. _____

City _____ State _____ Zip _____

10 Who introduced you to SNA? First Name _____ Last Name _____

For Individual Membership - please indicate mailing address Work Home

11 Membership Category (Check either Individual Membership or School District Owned Membership (SDM). See back for description)

National Dues

Member Categories	Individual Membership	School District Owned Membership
SN Employee	\$28 <input type="checkbox"/>	\$28 <input type="checkbox"/>
Child Care Employee	\$28 <input type="checkbox"/>	\$28 <input type="checkbox"/>
Student	\$28 <input type="checkbox"/>	N/A
Retired	\$28 <input type="checkbox"/>	N/A
SN Manager	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Child Care Manager	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
District Director/Supv/Spec	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>
Major City Director/Supv/Spec	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>
State Agency Director and Staff	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>
Child Care Director/Supv	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>
Nutrition Educator	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>
Other	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>
Affiliate Employee	\$14 <input type="checkbox"/>	N/A
Affiliate Retired	\$14 <input type="checkbox"/>	N/A

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 \$ -

NC 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 \$ -

16 Your STATE DUES are: (Record state dues in the space provided on right) Choose one*

- \$7.25 RET/AFE/AFR \$9.25 SNE/CCE/STU
- \$13.25 SNM/CCM \$20.25 DDS/MCD/SDS/CCD/EDU/OTH

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

Get 1 free SDM membership for every 5 new SNE/SNM purchased

- This is the free SNE membership application
- This is the free SNM membership application

21 Individual Membership Signature _____ Date _____

For SDM multiple applicants, you may use a spreadsheet found at www.schoolnutrition.org
 See reverse side for important information. Dues subject to change.

Return form with check or money order made payable to SNA
Mail application to SNA, PO Box 759297, Baltimore, MD 21298-9297

School District Administer (Required for SDM)	
Name	_____
Address	_____
City/State/Zip	_____
Email	_____
Business Phone Number	_____ Date _____
Signature	_____

SNA National and State Membership Application Guidelines

Membership Application for Individual and School District Owned Memberships

INSTRUCTIONS FOR COMPLETING THE FRONT OF THIS APPLICATION

1. Please indicate if you have ever been a SNA member.
2. Print your full name as you would like it to appear in your 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. Print your home, work and fax phone number.
8. Print your work mailing address. **School District Owned Membership requires district or school as preferred address.** All School District Owned Membership members' mailings will be sent to work address.
9. Print your home mailing address.
10. Print full name of member sponsor who introduced you to SNA (only needed for new members).
11. Please review the membership categories listed. Check one that best describes your position. **School District Owned Membership is a membership owned by the school district and can be transferred by the school district to another individual in the same membership category. Please check with your state and/or district to see if you are eligible for school district owned membership.**
12. Please check if you are employed by public school, private school or private management company.
13. Please indicate if your employer pays your dues.
14. Please indicate if you are responsible for school nutrition operations in your school district.
15. Record your national dues on membership category checked.
16. Record your state dues based on the dues on left side of application under "Your state dues are:"
17. Please add national and state dues amounts. This is the total dues amount to be paid. Applicants with incorrect dues amount will be returned resulting in a delay of member benefits.
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. This box must be completed for School District Owned Membership applicants.
22. Please sign and date your completed application. Required for individual membership only.
Mail your application and payment to SNA, PO Box 759297, Baltimore, MD 21298-9297.

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

Dues Category	Membership Category	Description	Individual Membership	School District Owned Membership
SNE	School Nutrition Employee	Cooks, bakers, bookkeepers, technicians, assistants, etc.	\$28	\$28
CCE	Child Care Employee	Child / Day / Family / Home Care Center Providers.	\$28	\$28
STU	Student	Full-time students enrolled in post-secondary nutrition, health or other food related program. Does not include right to vote.	\$28	N/A
RET	Retired	Retired Members.	\$28	N/A
SNM	School Nutrition Manager	Managers, head cooks, assistant managers.	\$30	\$30
CCM	Child Care Manager	CACFP Supervisory Staff.	\$30	\$30
DDS	School Nutrition Director, Supervisor, Specialist	Working in a school nutrition program at the school district level.	\$100	\$100
MCD	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.	\$100	\$100
SDS	State Agency Director, Supervisor, Specialist	Working in state office for child nutrition programs, including nutrition education.	\$100	\$100
CCD	Child Care Director	CACFP Sponsor.	\$100	\$100
EDU	School Nutrition Educator	Faculty working in a college/university setting.	\$100	\$100
OTH	Other	Principals, Superintendents, Teachers, etc. Does not include right to vote.	\$100	\$100
AFE	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 SN magazine or the right to vote in the annual SNA election.	\$14	N/A
AFR	Affiliate Retired		\$14	N/A

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.