



NATIONAL AND STATE NEW MEMBER APPLICATION

Member ID _____

- ① Have you ever been a SNA member? Yes No
- ② First Name _____ Last Name _____
- ③ Email _____ Job Title _____
- ④ School District _____ ⑤ School Name _____ ⑥ Chapter No. _____
- ⑦ Home Phone _____ Work Phone _____ Fax _____
- ⑧ Work Mailing Address (Please indicate preferred mailing address Work Home)
 Address _____ Suite _____
 City _____ State _____ Zip _____
- ⑨ Home Mailing Address
 Address _____ Suite/Apt _____
 City _____ State _____ Zip _____
- ⑩ Who referred you to SNA? First Name _____ Last Name _____
- ⑪ Membership Category (Check either individual membership or school district/state agency owned membership (SDM). See back for description)

National Dues

Member Categories	Individual Membership	School District/State Agency Owned Membership
SN Employee	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Child Care Employee	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Student	\$30 <input type="checkbox"/>	N/A
Retired	\$30 <input type="checkbox"/>	N/A
SN Manager	\$32 <input type="checkbox"/>	\$32 <input type="checkbox"/>
Child Care Manager	\$32 <input type="checkbox"/>	\$32 <input type="checkbox"/>
District Director/Supv/Spec	\$110 <input type="checkbox"/>	\$110 <input type="checkbox"/>
Major City Director/Supv/Spec	\$110 <input type="checkbox"/>	\$110 <input type="checkbox"/>
State Agency Director and Staff	\$110 <input type="checkbox"/>	\$110 <input type="checkbox"/>
Child Care Director/Supv	\$110 <input type="checkbox"/>	\$110 <input type="checkbox"/>
Nutrition Educator	\$110 <input type="checkbox"/>	\$110 <input type="checkbox"/>
Other	\$110 <input type="checkbox"/>	\$110 <input type="checkbox"/>
Affiliate Employee	\$16 <input type="checkbox"/>	N/A
Affiliate Retired	\$16 <input type="checkbox"/>	N/A

- ⑫ Employed by? Public School Private Management Company
 Private School CACFP
- ⑬ Does your employer pay your dues? Yes No
- ⑭ Are you responsible for school nutrition operations in your school district? Yes No

National, State Dues and Processing Fee are required.

⑮ NATIONAL DUES \$.

NJ ⑯ STATE DUES* \$.

⑰ PROCESSING FEE \$

⑱ TOTAL DUES \$.

⑲ Tax-deductible contribution to SN Foundation \$.
 ___ \$10 ___ \$25 ___ \$50 ___ Other

⑳ TOTAL PAYMENT \$.

- ⑯ Your STATE DUES are: (Record state dues in the space provided on right) Choose one.*
 \$0.00

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

⑳ Individual Membership Signature _____ Date _____

㉑ CREDIT CARD INFO: EXP. DATE _____
 # _____

㉒ FOR SCHOOL DISTRICT OWNED MEMBERSHIP (SDM) ONLY

SDM Administrator Name _____
 Email _____
 Business Phone Number _____

For SDM multiple applicants, you may use a spreadsheet found at www.schoolnutrition.org/sdm.

See reverse side for important information.

Dues subject to change.

Return this form with your credit card information, or your check or money order made out to SNA

Mail application to SNA, PO Box 759297, Baltimore, MD 21275-9297

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 email address and job title.
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.
9. Print your home mailing address.
10. Print full name of member referrer who introduced you to SNA (only needed for new members). This will give the person credits for Star Club and annual membership campaign drives.
11. Please review the membership categories listed. Check one that best describes your position. **School District/State Agency (SDM) Owned Membership is a membership owned by the school district/state agency and can be transferred to another individual in the same membership category. Please check with your state and/or district to see if you are eligible for SDM.**
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 based on membership category checked.
16. Record your state dues based on the dues listed on left side of application under "Your state dues are:"
17. All applications must include the processing fee.
18. Please add national, state dues and processing fee amounts. This is the total dues amount to be paid. Applications with incorrect total amount will be returned resulting in a delay of member benefits.
19. Record your optional contribution to the School Nutrition Foundation. The School Nutrition Foundation is a 501(c)(3) organization and donations are tax deductible. Your contribution of \$10 or more will be acknowledged by the School Nutrition Foundation.
20. Add national dues, state dues, processing fee and any optional contributions. This is the total payment.
21. If paying by credit card, please enter your credit card information.
22. This box must be completed for SDM applicants.
23. Please sign and date your completed application. Required for individual membership only. Mail your application and payment to SNA, PO Box 759297, Baltimore, MD 21275-9297.

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.

Dues Category	Membership Category	Description	Individual Membership	School District/ State Agency Owned Membership
SNE	School Nutrition Employee	Cooks, bakers, bookkeepers, technicians, assistants, etc.	\$30	\$30
CCE	Child Care Employee	Child / Day / Family / Home Care Center Providers.	\$30	\$30
STU	Student	Full-time students enrolled in post-secondary nutrition, health or other food related program. Does not include right to vote.	\$30	N/A
RET	Retired	Retired Members.	\$30	N/A
SNM	School Nutrition Manager	Managers, head cooks, assistant managers.	\$32	\$32
CCM	Child Care Manager	CACFP Supervisory Staff.	\$32	\$32
DDS	School Nutrition Director, Supervisor, Specialist	Working in a school nutrition program at the school district level.	\$110	\$110
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.	\$110	\$110
SDS	State Agency Director, Supervisor, Specialist	Working in state office for child nutrition programs, including nutrition education.	\$110	\$110
CCD	Child Care Director	CACFP Sponsor.	\$110	\$110
EDU	School Nutrition Educator	Faculty working in a college/university setting.	\$110	\$110
OTH	Other	Principals, Superintendents, Teachers, etc. Does not include right to vote.	\$110	\$110
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 <i>SN</i> magazine or the right to vote in the annual SNA election.	\$16	N/A
AFR	Affiliate Retired		\$16	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.