



## Committee & Advisory Council Interest Form

I. Name: \_\_\_\_\_ SNA Membership #: \_\_\_\_\_

SNA Certificate?  Yes  No

SNS Credential?  Yes  No

SNA Membership Category (please check one)  District Director  Major City Director

SN Manager  SN Employee  State Agency Director/Staff  Educator  Industry

SNA Region (please check one):  Northeast  Mideast  Southeast  Midwest

Southwest  West  Northwest

School District/State Agency/Company: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

II. Committee Preference: Operators, State Agency & Industry (please identify 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices)

\_\_\_\_ Membership \_\_\_\_ Nutrition & Research \_\_\_\_ Political Action Committee

\_\_\_\_ Professional Development \_\_\_\_ Public Policy & Legislation \_\_\_\_ Resolutions & Bylaws

Committee Chair Interest  Yes Committee \_\_\_\_\_

Future Task Force Interest:  Yes  No

**III. For Industry Only:**

**Industry Advisory Council Interest**    Yes    No

**Please Identify Industry Segment:**   \_\_\_ Food & Beverage Manufacturer   \_\_\_ Broker

\_\_\_ Equipment Manufacturer   \_\_\_ Distributor   \_\_\_ Technology/Software

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Small Business (\$7m or less in annual receipts)

**1. List your national association experience (committees, offices held etc...)**

Year	Experience/Position

**2. List your state association experience (committees, offices held etc...)**

Year	Experience/Position

**3. Other volunteer experience (committees, elected offices held etc...)**

Year	Experience/Position

4. List your skills and experiences that you believe are relevant to your preferred committee(s) or the Industry Advisory Council:

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5. What do you think you can contribute to a SNA committee or the Industry Advisory Council?

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We have begun posting our current national committees and advisory councils on [www.schoolnutrition.org](http://www.schoolnutrition.org) and this will include a photo of each committee/advisory council member. Please send a professional quality portrait photo (digital photo of high resolution by email preferred, head shots only, business attire, plain backdrop). A photo is optional.

Since your preferences may change over time, we ask that you please fill out a new interest form each year.

**Please return this form to:**

Deborah Van Balen

By email: [dvanbalen@schoolnutrition.org](mailto:dvanbalen@schoolnutrition.org)

Or

By fax: 301-686-3115

**RETURN FORM BY:  
December 31**

SNA Office Use Only: Verification

Membership Current:  Yes  No

Membership Category: \_\_\_\_\_

Certificate/Credential: \_\_\_\_\_