



2019-20 Committee & Advisory Council Position Openings Interest Form

Committee/Advisory Council	Openings (Appointments are 2-Year Terms)
Membership Committee	<ul style="list-style-type: none"> • 4 Committee Members – 1 from each of following regions: Midwest, Northeast, Southwest and Northwest
Nutrition & Research Committee	<ul style="list-style-type: none"> • 1 Committee Chair • 2 Committee Members -- Practitioners/Operators with Nutrition Expertise • 1 Industry Member Representative
Professional Development Committee	<ul style="list-style-type: none"> • 1 Committee Chair • 4 Committee Member Openings – 1 from each of the following regions: Southeast, Northwest, Midwest and West; representing the following membership sections: <ul style="list-style-type: none"> ○ District Director, Major City Director, Manager and State Agency Director
Public Policy & Legislation Committee	<ul style="list-style-type: none"> • 1 Committee Chair • 4 Committee Members – 1 from each of the following regions: Mideast, Northeast, Northwest and Southwest
Resolutions & Bylaws Committee	<ul style="list-style-type: none"> • 1 Committee Member from Northwest Region • 1 Industry Member Representative
Membership Section Advisors	<ul style="list-style-type: none"> • 2 Membership Section Advisor Chair Openings <ul style="list-style-type: none"> ○ District Director/Supervisor & Specialist ○ Major City Director/Supervisor & Specialist
Industry Advisory Council	<ul style="list-style-type: none"> • 2 Industry Member Openings <ul style="list-style-type: none"> ○ 1 Food or Beverage Manufacturer ○ 1 Equipment Manufacturer
State Agency Advisory Council	<ul style="list-style-type: none"> • 4 State Agency Member Openings – 1 from each of the following USDA Regions: Northeast, Southeast, Southwest, Mountain Plains

RETURN FORM BY: January 25, 2019

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 number 1st,
2nd, 3rd choices)

____ Membership ____ Nutrition & Research

____ Professional Development ____ Public Policy & Legislation ____ Resolutions & Bylaws

Committee Chair Interest Yes Committee _____

Future Task Force Interest: Yes No

III. For State Agency Advisory Council Only:

State Agency Advisory Council Interest Yes No

USDA Region (please check one): Northeast MidAtlantic Midwest Southeast

Southwest Mountain Plains West

IV. For Industry Only:

Industry Advisory Council Interest Yes No

Please Identify Industry Segment: Food & Beverage Manufacturer Broker

Equipment Manufacturer Distributor Technology/Software

Small Business (\$7m or less in annual receipts) Other: _____

Please complete the following:

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 would enable you to make a strong significant contribution to your preferred committee(s), the Industry Advisory Council or the State Agency Advisory Council:

We have begun listing our current committees and advisory councils on www.schoolnutrition.org. This includes 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). Sending a photo is optional.

Since your preferences may change over time, we ask that you please submit a new Committee/Council Interest form each year.

Please return this form to:

Deborah Van Balen

By email: dvanbalen@schoolnutrition.org

RETURN FORM BY:
January 25, 2019

SNA Office Use Only: Verification

Membership Current: Yes No

Membership Category: _____

Certificate/Credential: _____