



2020-21 Committee & Advisory Council Position Openings Interest Form

Committee/Advisory Council	29 Openings (Appointments are 2-Year Terms)
Membership Committee	<ul style="list-style-type: none"> • 1 Chair • 1 Member from each Region <ul style="list-style-type: none"> ○ Mideast, Southeast, & West • 1 Industry Representative
Nutrition & Research Committee	<ul style="list-style-type: none"> • 2 School Nutrition Practitioners/Operators • 1 Member with University Foodservice Management Expertise • 1 Member University Nutrition Experience
Professional Development Committee	<ul style="list-style-type: none"> • 3 District Directors – 1 Member from each Region <ul style="list-style-type: none"> ○ Mideast, Northeast, Southwest • 1 Industry Representative
Public Policy & Legislation Committee	<ul style="list-style-type: none"> • 1 Member from each Region <ul style="list-style-type: none"> ○ Midwest, Southeast, West
Resolutions & Bylaws Committee	<ul style="list-style-type: none"> • 1 Member from each Region <ul style="list-style-type: none"> ○ Mideast, Midwest, Northeast, Southeast, Southwest, West
Membership Section Advisors	<ul style="list-style-type: none"> • 1 College Section Chair
Industry Advisory Council	<ul style="list-style-type: none"> • 1 Distributor • 3 Food Companies • 1 Software Company • 1 Small Business

RETURN FORM BY: December 27, 2019

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 (circle 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 1st, 2nd, 3rd 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 skills, interests and experiences you believe are relevant to your district committee(s) or the Industry Advisory Council:

5. Why do you want to serve on an SNA committee or the Industry Advisory Council?

We will soon begin posting our current national committees and advisory councils on www.schoolnutrition.org and this will include a photo of each committee/advisory council member. We are asking you to send a professional quality portrait (high-resolution digital photo by email preferred. Head shots only with business attire, and plain backdrop). Please note that sending a photo is optional.

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

Please return this form to:

Deborah Van Balen

By email: dvanbalen@schoolnutrition.org

Or

By fax: 703-824-3015

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<p>SNA Office Use Only: Verification</p> <p>Membership Current: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Membership Category: _____</p> <p>Certificate/Credential: _____</p>
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