

SCHOOL NUTRITION ASSOCIATION

INDIVIDUAL/CORPORATE INDUSTRY MEMBERSHIP & PATRON APPLICATION

I. MEMBERSHIP CATEGORIES:

Membership Number	Renewal	New
Please Check One:		
•		
•		
SNA Patron (Calendar year men	nbership)	\$11,000
II. MEMBERSHIP CONTACTS	:	
Primary Contact: (For Industry Co.	nsultant, Corporate Industry and	Patrons)
Name:		
Job Title:		
Company:		
Address:		
City:		ZIP:
Phone:	Fax #:	
E-Mail:		
Secondary Contact: (For Corporate Name:		
Job Title:		
Company:		
Address:		7710
City:		ZIP:
Phone:	Fax #:	
E-Mail:		
Third Contact: (Patrons Only)		
Name:		
Job Title:		
Company:		
Address:		
City:	State:	ZIP:
Phone:	Fax #:	
E-Mail:		

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ifth Contact: (Patrons Only)		
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ity:	State:	ZIP:
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	Fax #:	
hone: -Mail:		
hone:	st describes your company?	Supplies / Smallwares Compa Broker Distributor
hone: -Mail: Thich one of the following be: Food / Beverage Compa Technology Company Equipment Company	st describes your company?	Broker Distributor
hone: -Mail: Thich one of the following beau Food / Beverage Compart Technology Company Equipment Company Other:	st describes your company?	Broker Distributor
hone: -Mail: Thich one of the following beau Food / Beverage Compary Technology Company Equipment Company Other: Ould your company be consider	st describes your company? any red a small business (less than \$7)	Broker Distributor
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Please mail check payments with completed application to: School Nutrition Association Attn: Industry Relations Center 120 Waterfront St, Suite 300 National Harbor, MD 20745

Please email credit card payments with completed application to:

ndaleske@schoolnutrition.org
Or fax to (301) 686-3115, attn: Nicolette Daleske