



# SCHOOL NUTRITION ASSOCIATION INDIVIDUAL/CORPORATE INDUSTRY MEMBERSHIP & PATRON APPLICATION

## I. MEMBERSHIP CATEGORIES:

Membership Number \_\_\_\_\_ Renewal \_\_\_\_\_ New \_\_\_\_\_

### **Please Check One:**

Industry Consultant Member.....\$400  
Corporate Industry Member .....\$900  
SNA Patron (Calendar year membership).....\$11,000

## II. MEMBERSHIP CONTACTS:

### **Primary Contact:** (For Industry Consultant, Corporate Industry and Patrons)

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### **Secondary Contact:** (For Corporate Industry & Patrons Only)

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### **Third Contact:** (Patrons Only)

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Fourth Contact: (Patrons Only)**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Fifth Contact: (Patrons Only)**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Which one of the following best describes your company?**

Food / Beverage Company

Supplies / Smallwares Company

Technology Company

Broker

Equipment Company

Distributor

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

Would your company be considered a small business (less than \$7M annually in sales)?

Yes

**Payment Method (check one):**

Check (make payable to School Nutrition Assn.)

SNA Shopping Cart

MasterCard

Visa

American Express

Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

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