



Feeding Bodies. Fueling Minds.™

# SCHOOL NUTRITION ASSOCIATION PATRON APPLICATION

## **I. MEMBERSHIP CATEGORY:**

**Please Check One:**

SNA Patron (Calendar year membership) .....\$12,500

## **II. MEMBERSHIP CONTACTS:**

### **Primary Contact:**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### **Secondary Contact: (For Corporate Industry)**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### **Third Contact:**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Fourth Contact:**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Fifth Contact:**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Which one of the following best describes your company? (check one)**

- Food / Beverage Company
- Technology Company
- Equipment Company
- Supplies / Smallwares Company
- Broker
- 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.)
- 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: Business Development & Meetings Center  
 2900 S Quincy Street, Suite 700  
 Arlington, VA 22206

Please email credit card payments with completed application to:  
 nartis@schoolnutrition.org  
 Or fax to (703) 824-3015  
 Attn: Nita Artis