



Feeding Bodies. Fueling Minds.™

SCHOOL NUTRITION ASSOCIATION PATRON MEMBERSHIP FORM

I. MEMBERSHIP CATEGORIES:

Membership Number _____

SNA Patron (calendar year membership).....\$12,000

II. MEMBERSHIP CONTACTS:

Primary Contact:

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-Mail: _____

Secondary Contact:

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-Mail: _____

Third Contact:

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-Mail: _____

Fourth Contact:

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-Mail: _____

Fifth Contact:

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

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
 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