



## SCHOOL DISTRICT OWNED MEMBERSHIP TRANSFER FORM

Please complete the following form in order to transfer a School District Owned Membership to another individual. Transfers can only occur within the same membership category. Only designated SDM Administrators can authorize and sign this form.

### SDM CURRENTLY ASSIGNED TO THIS PERSON:

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

Member ID: \_\_\_\_\_ Membership Category: \_\_\_\_\_

### Forwarding Contact Information:\*

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

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

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Please note: Forwarding contact information (home address, phone and/or email) is important so that SNA can stay in touch with the person who is transferred out, especially if he/she is certified or credentialed.

### SDM SHOULD BE TRANSFERRED TO THIS PERSON:

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

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

Member ID: \_\_\_\_\_ Membership Category: \_\_\_\_\_  
(Applies only to existing members) (Must be same category as above)

School/District Name: \_\_\_\_\_ Chapter No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Mailing Address: (SDM requires work address)

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

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

Referred by (optional): \_\_\_\_\_

Administrator's Name: \_\_\_\_\_  
(Must be the designated SDM Administrator)

School District: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE RETURN TO SNA  
ATTN: MEMBERSHIP DEPARTMENT  
FAX: (703) 824-3000 – EMAIL: [SDM@SCHOOLNUTRITION.ORG](mailto:SDM@SCHOOLNUTRITION.ORG)

Updated: 12/4/2018