



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: _____ State: _____

Work Phone: _____ Email: _____

Signature: _____ Date: _____

PLEASE RETURN TO SNA
ATTN: MEMBERSHIP DEPARTMENT
FAX: (301) 686-3115 – EMAIL: SDM@SCHOOLNUTRITION.ORG

Updated: 5/17/2013