



State Agency Advisory Council Interest Form

I. Name: _____ SNA Membership #: _____

SNA Certificate? Yes No

SNS Credential? Yes No

SNA Membership Category: State Agency Director (only)

USDA Region (please check one): Northeast MidAtlantic Midwest Southeast
 Southwest Mountain Plains West

State Agency: _____

Job Title/Position: _____

Office Address: _____

Office Phone: _____ Cell Phone: _____

Email: _____

1. List your national and/or state association experience (committees, offices held etc...)

Year	Experience/Position

2. Other volunteer experience (committees, elected offices held etc...)

Year	Experience/Position

3. List your skills and experiences that you believe are relevant to serving on the State Agency Advisory Council

4. What do you think you can contribute to the State Agency Advisory Council?

We have begun posting our current national committees and advisory councils on www.schoolnutrition.org and this will include a photo of each committee/advisory council member. Please send a professional quality portrait photo (digital photo of high resolution by email preferred, head shots only, business attire, plain backdrop). A photo is optional.

Please return this form to:

Deborah Van Balen

By email: dvanbalen@schoolnutrition.org

Or

By fax: 301-686-3115

RETURN FORM BY: November 16

<p>SNA Office Use Only: Verification</p> <p>Membership Current: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Membership Category: _____</p> <p>Certificate/Credential: _____</p>
