SCHOOL DISTRICT MEMBERSHIP TRANSFER FORM

Transfers can only occur within the same membership category.

SDM CURRENTLY ASSIGNED TO THIS PERSON:

Name: _______________________________________________________________

Member ID: __________________________ Membership Category: __________________________

Forwarding Contact Information:* 

Address: _____________________________________________________________________________

City: __________________________________________________ State: _______ Zip: ______________

Email: ___________________________ Home Phone: __________________________

*Please note: Forwarding information is especially important if he/she is an SNA certificate holder or credentialed.

SDM SHOULD BE TRANSFERRED TO THIS PERSON:

Name: _______________________________________________________________

Job Title: __________________________ Email: __________________________

Member ID: __________________________ Membership Category: __________________________

(Appplies only to existing members) (Must be same category as above)

School/District Name: __________________________ Chapter No. ____________

Home Phone: __________________________ Work Phone: __________________________ Fax: __________________________

Home Address: _____________________________________________________________________________

City: __________________________________________________ State: _______ Zip: ______________

Work 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) 824-3015 – EMAIL: SDM@SCHOOLNUTRITION.ORG

Updated: 3/27/2019