

How do I transfer memberships?

There are several options for transferring memberships:

OPTION 1: You can log into [My Account](#) to complete and submit the online transfer form:

Hello, School District Membership (SDM) Administrator. You can access and download your membership roster online, which includes member contact and dues information, renewal dates, and certification levels and expirations.

To print individual membership cards, click on SDM Roster (below) and click on the Member ID number.

To transfer individual memberships, please click [here](#).

For the Multiple Member Transfer Form, please visit <https://schoolnutrition.org/sdm>.

*** PLEASE CLICK HERE TO VIEW YOUR MEMBERS: SDM ROSTER**

SDM Currently Assigned to this Person:

*Name:

*Member ID:

*Membership Category:

Forwarding Phone Number:

Forwarding Email Address:

Forwarding Mailing Address:

(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:
(applies only to existing members)

*Membership Category:
(must be same category as above)

*School Name:

Make sure to fill out all of the required fields for the individual that currently has the membership:

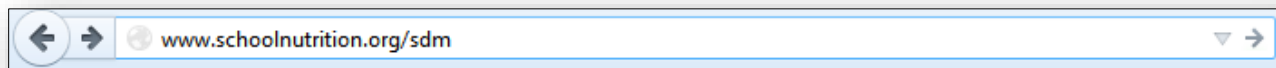
- Name
- Member ID
- Membership Category

Make sure to fill out the required fields for person to be transferred membership:

- Name
- Membership Category*
- School Name
- Work Mailing Address
- City/State/Zip
- Reason for transfer

***NOTE: Membership Category MUST match above membership category**

OPTION 2: You can go to: www.schoolnutrition.org/sdm and download the forms.



School District Membership (SDM)

School District (or State Agency) Membership (SDM) is an alternative to individual membership that is designed to make it easy for school districts to manage and pay for memberships, allowing their school nutrition professionals to enjoy the many benefits of SNA membership.

SDM is a membership that is purchased by a school district (or state agency) in the name of an individual. The membership is transferable to another employee in the same membership category if the original assignee leaves the district. SDM is not one membership for an entire district, but separate memberships that are transferrable. SDMs receive all the same benefits as individual SNA members and there is no difference in the dues rate. SDM is not available for the Student, Retired and Affiliate membership categories. SDM can be used for new and renewing memberships and SNA will work with districts to align existing memberships so that all expire at the same time.

SDM Resources:

- [SDM Guide \(pdf\)](#)
- [SDM FAQs \(pdf\)](#)
- [How to Transfer Memberships \(pdf\)](#)
- [SDM Spreadsheet - Multiple Applicants \(xls\)](#)
- [SDM Transfer Form \(pdf\)](#)
- [SDM Transfer Form - Multiple Members \(xls\)](#)
- [National and State New Membership Applications](#)
- [USDA Letter Approving Child Nutrition Funds for Membership](#)


'5 & 1 FREE' Incentive for New Members:

To encourage participation in the SDM Program, we are offering a '5 & 1 FREE' incentive for new members. For every 5 new SDMs (SNE) or School Nutrition Manager (SNM) membership categories, we will provide 1 new membership in the same (SNE or SNM) category. This includes **National and state dues, as well as the processing fee.**

SDM Resources:

- [SDM Guide \(pdf\)](#)
- [SDM FAQs \(pdf\)](#)
- [How to Transfer Memberships \(pdf\)](#)
- [SDM Spreadsheet - Multiple Applicants \(xls\)](#)
- [SDM Transfer Form \(pdf\)](#)
- [SDM Transfer Form - Multiple Members \(xls\)](#)
- [National and State New Membership Applications](#)
- [USDA Letter Approving Child Nutrition Funds for Membership \(pdf\)](#)
- [SDM Videos](#)

OPTION 3: You can contact sdm@schoolnutrition.org for the Individual or Multiple Member Transfer Forms.



SCHOOL DISTRICT MEMBERSHIP - TRANSFER FORM
PLEASE EMAIL COMPLETED FORM TO: SDM@SCHOOLNUTRITION.ORG

SDM CURRENTLY ASSIGNED:

MEMBER ID	NAME	MEMBERSHIP EXPIRATION DATE	SCHOOL/DISTRICT	HOME ADDRESS*	MEMBERSHIP CATEGORY	PHONE #*	EMAIL*
1							
2							
3							
4							
5							
6							
7							
8							

*Please note: Forwarding contact information (home address, phone number, etc.) is required for all transfers.

SDM SHOULD BE TRANSFERRED TO:

Multiple Member Transfer Form


MEMBER ID (leave blank if NEW)	NAME	MEMBERSHIP EXPIRATION DATE	SCHOOL/DISTRICT	HOME ADDRESS*	MEMBERSHIP CATEGORY	PHONE #*	EMAIL*
1		[SNA to complete]					
2		[SNA to complete]					
3		[SNA to complete]					
4		[SNA to complete]					
5		[SNA to complete]					
6		[SNA to complete]					
7		[SNA to complete]					
8		[SNA to complete]					

SDM ADMINISTRATOR NAME:
 ADMINISTRATOR MEMBER ID:
 WORK PHONE:
 EMAIL:
 DATE:

**Note: Administrator must be the same name indicated as the School District Administrator on the current membership roster

A FEW THINGS TO NOTE:

- You can only transfer memberships of the same membership category (i.e. you can only transfer a School Nutrition Employee (SNE) membership to another School Nutrition Employee (SNE)).
- The SDM administrator that you indicate on your transfer form must match the SDM administrator on the SDM roster in SNA's database.
- The individual(s) you are transferring membership from must be active SNA members (not in grace or expired) and current School District (or State Agency) Members (SDM).



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: _____

Individual Member
Transfer Form

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

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