



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: _____
(Applies 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