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

Updated: 3/27/2019