



Feeding Bodies. Fueling Minds.™

SCHOOL NUTRITION ASSOCIATION PATRON APPLICATION

I. MEMBERSHIP CATEGORY:

Please Check One:

SNA Patron (Calendar year membership)\$12,500

II. MEMBERSHIP CONTACTS:

Primary Contact:

Name: _____

Job Title: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

E-Mail: _____

Secondary Contact: (For Corporate Industry)

Name: _____

Job Title: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

E-Mail: _____

Third Contact:

Name: _____

Job Title: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

E-Mail: _____

Fourth Contact:

Name: _____

Job Title: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

E-Mail: _____

Fifth Contact:

Name: _____

Job Title: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

E-Mail: _____

Which one of the following best describes your company? (check one)

- Food / Beverage Company
- Technology Company
- Equipment Company
- Supplies / Smallwares Company
- Broker
- Other

Would your company be considered a small business (less than \$7M annually in sales)?

Yes

Payment Method (check one):

- Check (make payable to School Nutrition Assn.)
- MasterCard
- Visa
- American Express
- Discover

Cardholder Name: _____

Account Number: _____ Expiration Date: _____

Billing Address: _____

Please mail check payments with completed application to:
 School Nutrition Association
 Attn: Business Development & Meetings Center
 2900 S Quincy Street, Suite 700
 Arlington, VA 22206

Please email credit card payments with completed application to:
 nartis@schoolnutrition.org
 Or fax to (703) 824-3015
 Attn: Nita Artis