



# SUSTAINING INDUSTRY PARTNER (SIP) MEMBERSHIP FORM

Membership period is for one year, based on date joined.



***Please write clearly in the space provided.***

Company Name: \_\_\_\_\_  
(How it will appear in all FSNA communications, including our quarterly publication.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Company Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Company Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Annual Membership\*

### Total Membership Dues = \$400

#### Dues Breakdown:

- SIP Dues = \$225
- Florida School Food Service Foundation = \$50
- Future Leaders Scholarship = \$50
- SIP sponsored event at FSNA event = \$75

Payment Options: ☐ Visa<sup>1</sup> ☐ MasterCard<sup>1</sup> ☐ American Express<sup>1</sup> ☐ Discover<sup>1</sup> ☐ Check

<sup>1</sup> All credit card payments will incur a \$25 processing fee

Card Holder's Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_ (3 digit code on the back of card or 4-digit code on front)

Billing Address Associated with Card: \_\_\_\_\_

Send completed form and payment via:

Email to: Donna DuPont at [ddupont@floridaschoolnutrition.org](mailto:ddupont@floridaschoolnutrition.org) or

Mail to: FSNA, Attn: SIP Membership; 124 Salem Court, Tallahassee, FL 32301

\*FSNA SIP dues are not deductible as a charitable contribution for federal tax purposes. \$50 goes to Florida School Food Service Foundation and \$50 goes to fund the Future Leaders Scholarship through the Florida School Food Service Foundation – these portions are tax-deductible as a charitable contribution.