

## Florida School Nutrition Association State-only Membership Application

Use this form if you are <u>only</u> going to join the Florida School Nutrition Association. If you plan on joining the national School Nutrition Association (SNA) too, you <u>MUST</u> use the SNA membership form. The SNA membership form includes membership on the state level as well.

Full Name:	Nickname:
CONTACT INFORMATION	
Address:	
City:	State: ZIP Code:
Phone: Email:	
WORK INFORMATION	
School/Office Name:	
City:	_ District Name:
Work Email:	
Current Job Title:	
<b>Birth Year (optional):</b>	
INTERESTS (Please check all that apply)	
<b>FSNA Service:</b>	□ FSNA Committees – <i>choose committees below:</i>
<b>FSNA Committees:</b>	Professional Development
	Awards & Scholarships  Bylaws  Silver Circle
<b>Chapter Interest:</b>	Fundraising     Other:
FLORIDA ONLY MEMBERSHIP DUES (Please check one only)	
Job Title	Florida Only Dues Amount
□ FS Employee, Assistant, Student, or Childcare Employee	
<ul> <li>FS Manager, Assistant Manager, or Childcare Manager</li> <li>FS Director, Supervisor, or Childcare Director</li> </ul>	\$20.00 \$50.00
<ul> <li>Retired or Part-time Staff</li> </ul>	\$8.00
\$\$ Contribution to the Florida School Food Service Fo	undation \$
Total Amount Enclosed \$	
	Total Amount Enclosed \$
PAYMENT INFORMATION	
Payment Method:   Check#	it Card*
* Contact Name for Credit Card payment:	
* Phone # for Credit Card payment:	
** Please attach a copy of the Purchase Order to this form.	

If you have questions, please call (888) 878-1832 or visit www.floridaschoolnutrition.org. Make checks payable to Florida School Nutrition Association, Inc. or FSNA, Inc. Submit to: 124 Salem Court, Tallahassee, Florida 32301 or info@floridaschoolnutrition.org