



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 = \$350

Dues Breakdown:

- SIP Dues = \$200
- Florida School Food Service Foundation = \$50
- Future Leaders Scholarship = \$50
- SIP sponsored event at FSNA event = \$50

Payment Options: Visa¹ MasterCard¹ American Express¹ Discover¹ Check

¹ 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: Aubrie Leigh Pennekamp at alpennekamp@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.