



**CALIFORNIA
SCHOOL NUTRITION
ASSOCIATION**

**210 North Glenoaks Boulevard, Suite C
Burbank, CA 91502
818-842-3040 FAX 818-843-7423
www.CALSNA.org**

NEW Renewal Reinstatement

Member # _____

**SUBSCRIPTION
PLEASE PRINT OR TYPE**

Name _____

Job Title _____

District _____

School _____

WORK Address _____

City State Zip

WORK Phone _____

FAX # _____

Email _____

Home Address _____

City State Zip

Home Phone _____

Soc. Sec. No. _____

Chapter _____ # _____

2nd Chapter* _____ # _____

**Your CSNA Subscription allows you to affiliate with ONE local chapter. You may choose to join an additional local chapter for \$5*

All mailings will go to your home address unless you indicate otherwise below:

Send all mailings to my WORK address

Your information will be printed in the Membership Directory unless otherwise indicated below:

- Exclude my HOME address
- Exclude my email address
- Exclude ALL information from Directory

Person who introduced you to CSNA:

Employer Pays dues: YES NO

- Employed by: Public School System
 Private School System
 Private Management Company

SUBSCRIPTION CATEGORIES:

*Includes SNA, CSNA and Local Chapter Dues
(Please Check ONE)*

- Foodservice Employee \$38
- Foodservice Manager \$41
- Student \$38
- Retired \$38
- Foodservice Director/Supervisor** \$140
 - District Major City State Agency
- Foodservice Educator** \$140
- Other (Principals, etc.):** \$140
- Affiliate*** \$20
 - Part-Time Retired
- I would like to Join a 2nd Local Chapter \$5
- Voluntary California School Nutrition
Foundation Contribution \$_____

TOTAL \$_____

****Dues allow you to join one supervisory chapter in place of a local regular chapter. You may choose Chapter 1, 2, 10, 20 or 45**

*****All foodservice employees working less than 4 hours and retired members who do not choose to vote in SNA National elections or receive a subscription to *School Food Service & Nutrition* magazine, but need SNA membership to maintain certification**

PAYMENT INFORMATION:

**Please make checks payable to CSNA
or pay by Credit Card**

Name on Card _____

Card # _____

Exp. _____ Billing Zip Code _____

Billing Street Number _____

V Code _____

V Code is the 3 digit code on the back of VISA and MC and the 4 digit code on the front of AMEX

Signature _____

**Mail your COMPLETED application & payment to:
California School Nutrition Association
210 N. Glenoaks Blvd., Suite C
Burbank, CA 91502**

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