



**CALIFORNIA
SCHOOL NUTRITION
ASSOCIATION**

Headquarters Office
210 N. Glenoaks Blvd., Suite C.
Burbank, CA 91502
818.842.3040 - FAX: 818.843.7423
www.CALSNA.org

**SUSTAINING MEMBER
APPLICATION**

PLEASE PRINT OR TYPE

New Renewal Reinstatement

Person who introduced you to CSNA:

Name _____

Title _____

Company _____

Address _____

City,State,Zip _____

Work Phone _____

Fax # _____

E-Mail Address _____

Staple Business Card Here

Signature _____

Date _____

DUES

Check the box of the supervisory chapter (s) you wish to join. You must join CSNA and at least one chapter.

- | | | |
|------------------------|-------------------------------------|---|
| (Mandatory) CSNA | <input checked="" type="checkbox"/> | \$50 Per Individual (Company memberships not available) |
| CENTRAL (CCSNA #10) | <input type="checkbox"/> | \$30 |
| FAR NORTH (FNCSNA #20) | <input type="checkbox"/> | \$30 |
| MOTHER LODE #45 | <input type="checkbox"/> | \$30 |
| NORTHERN (NCSNA #02) | <input type="checkbox"/> | \$30 |
| SOUTHERN (SCSNA #01) | <input type="checkbox"/> | \$25 |

TOTAL \$_____ You **must** join CSNA and at least one chapter

Make check payable to: **CSNA** or pay by credit card

Name on Card: _____ Credit Card No: _____

VCode: _____ Billing St No: _____ Billing Zip: _____ Expiration Date: : _____ Amount: _____

Signature: _____

Mail completed application and payment to: **California School Nutrition Association**
210 N. Glenoaks Blvd., Burbank, CA 91502

Taxpayer's Identification #95-2626680