



## School Nutrition Association

P. O. Box 11376

Burbank, CA 91510

Office: (818) 842-3040 - FAX: (818) 843-7423

[www.CALSNA.org](http://www.CALSNA.org)

☐ New Member ☐ Renewal ☐ Reinstatement

Member # \_\_\_\_\_

### SUBSCRIPTION

PLEASE PRINT OR TYPE

Name \_\_\_\_\_

Job Title \_\_\_\_\_

District \_\_\_\_\_

School \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_(\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_(\_\_\_\_\_) \_\_\_\_\_

Chapter \_\_\_\_\_

2nd Chapter \_\_\_\_\_

*\*Your CSNA subscription allows you to affiliate with one local chapter. You may choose to join an additional local chapter for \$10 or a regional chapter for \$30*

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

☐ Send all mailings to my work address

*Poppy Seeds Magazine is distributed both as a printed mailing and as a digital publication. If you would like to opt out of receiving the printed mailing, please check below:*

☐ I only want to receive the digital copy of Poppy Seeds

*Your information will be included in the membership directory unless otherwise indicated below:*

☐ Exclude my home address

☐ Exclude my email address

☐ Exclude all information from the directory

Employer pays dues: ☐ Yes ☐ No

Employed by: ☐ Public School System

☐ Private School System

☐ Private management company

Person who introduced you to CSNA:

### Subscription Categories

*Includes CSNA and Local Chapter Dues*

*NOTE: The prices below do not include SNA dues. To join SNA, go to [www.schoolnutrition.org](http://www.schoolnutrition.org).*

(Please check one)

☐ Foodservice Employee (site level) \$ 15

☐ Foodservice Manager (site level) \$ 20

☐ Student \$ 15

☐ Retired \$ 15

☐ Foodservice Dir/Spvr/Specialist \*\* \$ 65

*(this category is for members employed at the district level)*

☐ District ☐ Major City ☐ State Agency

☐ Foodservice Educator \*\* \$ 65

☐ Other (principals, etc.) \*\*\* \$ 65

☐ I would like to join a 2nd chapter

Local Chapter \$ 10

Regional Chapter (1, 2, 10, 20 or 45) \$ 30

**TOTAL** \$ \_\_\_\_\_

*\*\* Dues allows you to join one supervisory chapter in place of a regular local chapter. You can chose chapter 1, 2, 10, 20, or 45.*

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

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Billing Street Number \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Mail completed application and payment to:

**California School Nutrition Association**

**PO Box 11376 | Burbank, CA 91510**

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