



California
School Nutrition Association
PO Box 11376
Burbank, CA 91510
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 _____

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

Approximately four percent of the CSNA subscription Price is used for lobbying purposes and are non tax deductible as an ordinary and necessary business expense.

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 CSNA and Local Chapter Dues
NOTE: The prices below do not include SNA dues.
To join SNA, go to www.schoolnutrition.org
 (Please Check ONE)

- Foodservice Employee (site level) \$12
- Foodservice Manager (site level) \$15
- Student \$12
- Retired \$12
- Foodservice Dir/Spvr/Specialist** \$55
(this category is for members employed at the district level)
 District Major City State Agency
- Foodservice Educator** \$55
- Other (Principals, etc.):** \$55
- I would like to Join a 2nd Local Chapter \$5

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 should join SNA as well, at www.schoolnutrition.org**

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 _____

Signature _____

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

Mail your COMPLETED application & payment to:
California School Nutrition Association
PO Box 11376
Burbank, CA 91510

Taxpayer's Identification # 95-2626680