

CSNA Membership Application



SIGN UP HERE OR GO TO WEBSITE: www.calsna.org

NAME: _____
 JOB TITLE: _____
 DISTRICT: _____
 SCHOOL: _____
 HOME ADDRESS: _____
 CITY, STATE, ZIP: _____
 HOME PHONE: (____) _____
 WORK ADDRESS: _____
 CITY, STATE, ZIP: _____
 WORK PHONE: (____) _____
 E-MAIL ADDRESS: _____
 CHAPTER: _____ # _____

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 indicated below:

Exclude my home address

Exclude my email address

Exclude all information from the directory

Person who introduced you to CSNA: _____

Subscription Categories: (Please check one)	Includes SNA, CSNA, Local Chapter Dues
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Foodservice Employee \$44

Food Service Manager \$49

Student/Retired \$44

Director/Supervisor/Educator/Other \$167

Make check payable to CSNA or pay by Credit Card:

Name on Card _____

Card # _____

Expiration _____ 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 completed application and payment to:
California School Nutrition Association**

**PO Box 11376
Burbank, CA 91510**

YOU CAN JOIN THE



CALIFORNIA SCHOOL NUTRITION ASSOCIATION

**PO Box 11376
Burbank, CA 91510
(818) 842-3040
www.calsna.org**

FOR AS LITTLE AS...

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Scholarships

- Yourself
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Socializing

- Get Togethers
- Idea Sharing



and there is more...

Continuing Education

- Workshops Available
- CSNA Conferences
- Chapter Meetings



Publications

- Magazines
- Websites



National Membership

- School Nutrition Association (SNA)
- SNA Conferences



BECOME A MEMBER TODAY...