



**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 _____

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 \$42

Foodservice Manager \$47

Student \$42

Retired \$42

Foodservice Director/Supervisor** \$155

District Major City State Agency

Foodservice Educator** \$155

Other (Principals, etc.)* \$155

Affiliate*** \$20

Part-Time Retired

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*

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

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

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