



P. O. Box 11376
 Burbank, CA 91510
 818.842.3040 - FAX: 818.843.7423
www.CALSNA.org

Employer pays dues: Yes No
 Employed by: Public School System
 Private School System
 Private management company

Person who introduced you to CSNA:

New Renewal Reinstatement

Member # _____

SUBSCRIPTION

PLEASE PRINT OR TYPE

Name _____

Job Title _____

District _____

School _____

Work Address _____

City, State, Zip _____

Work Phone (____) _____

Fax # (____) _____

E-Mail Address _____

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 or a supervisory chapter for \$25.**

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 the directory

Subscription Categories (Please check one)	Includes SNA, CSNA and Local Chapter Dues
<input type="checkbox"/> Foodservice Employee (site level)	\$ 50
<input type="checkbox"/> Foodservice Manager (site level)	\$ 55
<input type="checkbox"/> Student	\$ 50
<input type="checkbox"/> Retired	\$ 50
<input type="checkbox"/> Foodservice Dir/Spvr/Specialist** (this category is for members employed at the district level)	\$ 187
<input type="checkbox"/> District <input type="checkbox"/> Major City <input type="checkbox"/> State Agency	
<input type="checkbox"/> Foodservice Educator**	\$ 187
<input type="checkbox"/> Other (principals, etc.)***	\$ 187
<input type="checkbox"/> Affiliate***	\$ 32
<input type="checkbox"/> Part-Time <input type="checkbox"/> Retired	
<input type="checkbox"/> I would like to join a 2 nd chapter	
Local Chapter	\$ 5
Supervisory Chapter	\$ 25
Voluntary California School Nutrition Foundation Contribution	\$ _____
TOTAL	\$ _____

***Dues allows you to join one supervisory chapter in place of a regular local chapter. You can 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 Nutrition magazine, but need SNA membership to maintain certification.*

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

Name on Card _____

Card # _____

Exp. _____ Billing Zip Code _____

Billing Street Number _____

Signature _____

Mail completed application and payment to:
California School Nutrition Association
 PO Box 11376
 Burbank, CA 91510

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