



School Nutrition Association

P. O. Box 11376

Burbank, CA 91510

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

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

(Please check one)

*Includes SNA,
CSNA and Local
Chapter Dues*

☐ Foodservice Employee (site level) \$ 62

☐ Foodservice Manager (site level) \$ 69

☐ Student \$ 62

☐ Retired \$ 62

☐ Foodservice Dir/Spvr/Specialist ** \$ 223

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

☐ District ☐ Major City ☐ State Agency

☐ Foodservice Educator ** \$ 223

☐ Other (principals, etc.) *** \$ 223

☐ Affiliate *** \$ 40

☐ Part-Time ☐ Retired

☐ I would like to join a 2nd chapter

Local Chapter \$ 5

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.*

**** 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 Street Number _____

Billing Zip Code _____

Signature _____

Mail completed application and payment to:

California School Nutrition Association

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