



P. O. Box 11376  
 Burbank, CA 91510  
 818.842.3040 - FAX: 818.843.7423  
[www.CALSNA.org](http://www.CALSNA.org)

Employer pays dues:  Yes  No  
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New     Renewal     Reinstatement

Member # \_\_\_\_\_

## SUBSCRIPTION

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Subscription Categories (Please check one)	Includes SNA, CSNA and Local Chapter Dues
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- |   |                 |
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| <input type="checkbox"/> Foodservice Employee (site level)  | \$ 51           |
| <input type="checkbox"/> Foodservice Manager (site level)   | \$ 56           |
| <input type="checkbox"/> Student  | \$ 51           |
| <input type="checkbox"/> Retired  | \$ 51           |
| <input type="checkbox"/> Foodservice Dir/Spvr/Specialist**<br>(this category is for members employed at the district level) | \$ 188          |
| <input type="checkbox"/> District <input type="checkbox"/> Major City <input type="checkbox"/> State Agency                 |                 |
| <input type="checkbox"/> Foodservice Educator**   | \$ 188          |
| <input type="checkbox"/> Other (principals, etc.)***  | \$ 188          |
| <input type="checkbox"/> Affiliate***   | \$ 33           |
| <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired   |                 |
| <input type="checkbox"/> I would like to join a 2 <sup>nd</sup> chapter   |                 |
| Local Chapter   | \$ 5            |
| Supervisory Chapter   | \$ 25           |
| Voluntary California School Nutrition<br>Foundation Contribution  | \$ _____        |
| <b>TOTAL</b>  | <b>\$ _____</b> |

*\*\*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.*

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New     Renewal     Reinstatement

Member # \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

District \_\_\_\_\_

School \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Chapter \_\_\_\_\_ # \_\_\_\_\_

2<sup>nd</sup> 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 regional 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