

SUSTAINING MEMBER APPLICATION



**CALIFORNIA
SCHOOL NUTRITION
ASSOCIATION**

Headquarters office:
210 N Glenoaks Blvd., Suite C
Burbank, CA 91502
818-842-3040 • FAX 818-843-7423
www.CALSNA.org

PLEASE PRINT OR TYPE

NEW Renewal Reinstatement

Person who introduced you to CSNA:

Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Work Phone _____

FAX # _____

Email _____

*Please staple your
Business Card
Here*

Signature _____

Date _____

DUES:

Check the box of the chapter(s) you wish to join:

You MUST join CSNA *and* at least one chapter

Dues are per Individual.
Company Memberships NOT available.

- | | | |
|-----------------------|-------------------------------------|-------|
| CSNA(Mandatory) | <input checked="" type="checkbox"/> | \$100 |
| CENTRAL(CCSNA #10) | <input type="checkbox"/> | \$30 |
| FAR NORTH(FNCSNA #20) | <input type="checkbox"/> | \$30 |
| MOTHER LODE #45 | <input type="checkbox"/> | \$30 |
| NORTHERN(NCSNA #02) | <input type="checkbox"/> | \$30 |
| SOUTHERN(SCSNA #01) | <input type="checkbox"/> | \$25 |

TOTAL \$ _____

Reminder:
You MUST join CSNA *and* at least one chapter

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**

*Credit Card Payments may be FAXED to:
(818)843-7423*

QUESTIONS? Call (818)842-3040