



Headquarters Office  
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 Burbank, CA 91510  
 818.842.3040 - FAX: 818.843.7423  
 www.CALSNA.org

## SUSTAINING MEMBER APPLICATION

**PLEASE PRINT OR TYPE**

New     Renewal     Reinstatement

Person who introduced you to CSNA:  
 \_\_\_\_\_

Staple Business Card Here

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax # \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DUES

Check the box of the regional chapter (s) you wish to join. You must join CSNA and at least one chapter.

- |                        |                                     |  |
|------------------------|-------------------------------------|--|
| (Mandatory) CSNA       | <input checked="" type="checkbox"/> | \$100 Per Individual (Company memberships not available) |
| 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"/>            | \$30   |

**TOTAL** \$\_\_\_\_\_ You **must** join CSNA and at least one chapter

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

Name on Card: \_\_\_\_\_ Credit Card No: \_\_\_\_\_

VCode: \_\_\_\_\_ Billing St No: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Expiration Date: : \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Taxpayer's Identification #95-2626680