



**School Nutrition Association**

P. O. Box 11376

Burbank, CA 91510

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

[www.CALSNA.org](http://www.CALSNA.org)

# SUSTAINING MEMBER APPLICATION

PLEASE PRINT OR TYPE

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ New Member ☐ Renewal ☐ Reinstatement

The person that introduced you to CSNA:

Staple Business Card Here

## DUES

**Sustaining Memberships are per Individual (Company memberships NOT available)**

**Check the box of the regional chapter(s) you wish to join.**

You **must** join CSNA **and** at least one chapter, but your \$160 Membership includes up to two Chapters!

|                         |                                           |
|-------------------------|-------------------------------------------|
| <b>CSNA (Mandatory)</b> | <input checked="" type="checkbox"/> \$160 |
| CENTRAL (CCSNA #10)     | <input type="checkbox"/> \$30*            |
| FAR NORTH (FNCSNA #20)  | <input type="checkbox"/> \$30*            |
| MOTHER LODGE #45        | <input type="checkbox"/> \$30*            |
| NORTHERN (NCSNA #02)    | <input type="checkbox"/> \$30*            |
| SOUTHERN (SCSNA #01)    | <input type="checkbox"/> \$30*            |

**Your \$160 Membership includes up to two Chapters!**

(Please check which Chapters you wish to join).

If you wish to join additional Chapters, they will be \$30 each.

CSNA and 1 or 2 Chapters is \$160

CSNA and 3 Chapters is \$190 ♦ CSNA and 4 Chapters is \$220

CSNA and all 5 Chapters is \$250

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

Make check payable to CSNA: - Check # \_\_\_\_\_ Amount \$\_\_\_\_\_

**or** Pay by Credit Card: Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing St Address \_\_\_\_\_ Billing Zip \_\_\_\_\_ Amount \$\_\_\_\_\_

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

Mail completed application and payment to: **California School Nutrition Association**

**P. O. Box 11376, Burbank, CA 91510**

Taxpayer's Identification #95-2626680