



Headquarters Office
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 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 supervisory 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

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