

School Nutrition
100% Membership Award Application
FOR INDIVIDUAL SCHOOL/Central Office

Name of Individual School/Site: _____

District: _____

Local Chapter Number: _____

Name of School Foodservice Director: _____

Names and SNA Membership # of Employees:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

School Nutrition Director-signature

Date

INSTRUCTIONS: To qualify, all regular food service personnel in the school must be SNA members "as of" annual state conference date. Form must be completed and sent (deadline 30 days prior to Annual State Conference) to the State Membership Representative-contact information can be found at www.kysna.org