



CORPORATE MEMBERSHIP APPLICATION

New York School Nutrition Association
21 Executive Park Drive
Clifton Park, NY 12065
(518) 446-9061
FAX (518) 446-0113

Corporate Name: _____

Person to Receive Mailings: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ ext _____ FAX: _____

E-Mail: _____ Website: _____

Select ONE: BROKER DISTRIBUTOR MANUFACTURER MAN. REPRESENTATIVE OTHER

Please tell us a little about your products - Manufacturers, please also list your brokers and the area of the state they cover.

Membership Advantages:

- Receive our FOCUS subscription, printed quarterly (mailed to over 4,300 NYSNA members)
- Attend our Members Only Regional Industry Seminars
- Receive "Guide of Directors" - a listing of all Food Service Directors who are NYSNA members
- Recognition of your special relationship with NYSNA in FOCUS & at annual state conference

*Information received
as a benefit of
membership is not for
resale purposes.*

Please send my FOCUS Subscription via: HHard Copy Electronic Copy (please provide email address)

FIVE STAR CORPORATE PACKAGE. \$2250

In Addition to the Membership Advantages listed above, our Five Star Corporate Members also receive:

- Complimentary Exhibit Booth at Annual State Conference - *does not include premium booth*
- 1 Full Page Color Ad in TWO issues of FOCUS
- \$100 Contribution to Scholarship Fund
- Link your corporate website to the nyschoolnutrition.org website
- Receive early notifications for booth selection at conference

Standard Corporate Membership \$ 150

The primary contact for the company will pay the \$150 and any additional members within the same company can join at a discounted rate of only \$50 (each additional member).

Each Additional Individual Membership \$ 50

(List additional representatives below - Please include address, phone number and EMAIL)

Select payment type: _____ Check _____ Credit card:

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Checks made payable to NYSNA

**TOTAL AMOUNT
DUE: \$ _____**

Email completed forms to:
Ashleigh@nyschoolnutrition.org