

## **SCHOOL RENEWAL INSTRUCTION SHEET**

Thank you for renewing your school members. Be sure to check and update **ALL** renewals if information has changed or if a member is no longer with the district. Please check our website often for updated forms, new membership information and updates to our member benefits.

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

*All "B" and "G" renewals have been sent directly to the member.*

### **Please Note:**

- **ALL** members **MUST** provide an email address when possible
- Local dues should remain with the chapter whenever possible
- NYSNA applications for the Jeff Siegel Scholarship and the Steven Pinelli Award of Excellence can be found on the NYSNA website. The deadline for these is May 1<sup>st</sup>
- Donations to the scholarship fund should be sent to NYSNA headquarters, not to SNA
- Remind the person who is in charge of the food service program (Director, Manager, or Cook/Manager) to renew at the "A" Level in order to receive our email communications, and be listed in and to receive the Guide of Directors

From NYSNA

### **What you will find in the packet:**

- District Summary Form
- Updated NYSNA Membership Form – Can be printed off website/copied
- 100% Membership Application - Can be printed off website/copied
- Credit Card Acceptance Form

From SNA

- SNA Membership Form
- School District Owned Membership (SDM) Information Overview\*

\*A SDM is a membership which is owned by the school district (in the name of an individual) and is transferable to another employee, in the same membership category, if the original member leaves the district's employ. More information about the program:

<http://www.schoolnutrition.org/Membership/SchoolDistrictOwnedMembership/>

### **REMINDER ABOUT SNA RENEWALS TO SHARE WITH MEMBERS!**

- There will be one form sent by SNA for the renewal of state and national dues. This includes a processing fee of \$2.50 for each member. You will pay the entire sum of state dues, national dues and the processing fee to the NYSNA headquarters **OR** to SNA directly. *For SNA members, the chapter will only collect chapter dues.*
- SNA processing fee: This fee is not optional. If a national member sends state dues to HQ and not to national, the fee still must be paid. If the SNA member does not include the \$2, the fee will be deducted from the state dues rebated to NYSNA, causing NYSNA to have to invoice you for \$2.50.

# SUMMARY OF ENCLOSED MEMBERSHIP FORMS

## STATE & LOCAL (NYSNA) MEMBERSHIPS ONLY

\$45.00 x \_\_\_\_ = \$\_\_\_\_\_ Level "A" Members

\$45.00 x \_\_\_\_ = \$\_\_\_\_\_ Level "A1" Members

\$45.00 x \_\_\_\_ = \$\_\_\_\_\_ Level "B" Members

\$20.00 x \_\_\_\_ = \$\_\_\_\_\_ Level "C" Members

\$ 9.00 x \_\_\_\_ = \$\_\_\_\_\_ Level "D" Members

\$ 9.00 x \_\_\_\_ = \$\_\_\_\_\_ Level "G" Members

TOTAL # \_\_\_\_ = \$\_\_\_\_\_ STATE DUES PAID

TOTAL # \_\_\_\_ = \$\_\_\_\_\_ LOCAL DUES INCLUDED \*\*

\$\_\_\_\_\_ SCHOLARSHIP DONATION

\$\_\_\_\_\_ TOTAL PAYMENT SENT

CHAPTER: \_\_\_\_\_

AREA: \_\_\_\_\_

## *PLEASE PRINT THE FOLLOWING INFORMATION*

PERSON SUBMITTING PACKET: \_\_\_\_\_

EMAIL ADDRESS TO SEND MEMBERSHIP CARDS: \_\_\_\_\_

PHONE NUMBER FOR CONTACT IN CASE OF QUESTIONS: (\_\_\_\_) \_\_\_\_\_

## THIS FORM SHOULD BE USED WHENEVER SUBMITTING DUES

**\*\* It is preferable for Chapters to retain Local Dues as NYSNA only remits dues to Chapters once a year**

### Office Use Only

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Check Name: \_\_\_\_\_

Cards Emailed To \_\_\_\_\_ Date \_\_\_\_\_



## MEMBERSHIP APPLICATION

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

PLEASE PRINT:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred Mailing Address is the following: *Please Check One:* \_\_\_\_\_ Home Address \_\_\_\_\_ Work Address

School District/Organization: \_\_\_\_\_ Chapter: \_\_\_\_\_

The following address is: \_\_\_\_\_ Home Address \_\_\_\_\_ Work Address

Street/PO Box: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

### Membership Advantages:

- Enhance your professionalism
- Receive our Fresh Bite: a NYSNA Publication
- Be eligible to become SNA certified
- Meet the first requirement for National Membership
- Receive membership discounts for professional training (i.e. State Conference)
- Network with your peers from around the state
- Directors are listed in the New York State Guide of Directors and receive a copy
- Directors receive up-to-the-minute information impacting their programs via email

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<u>Level</u>	<u>Amount</u>	<u>Category Description</u>
___ A	\$45.00	<i>District Director or Manager for District School Food Service – <u>one or more schools</u></i>
___ A1	\$45.00	<i>Assistant Director or Area Supervisor; Registered Dietician working for one or more District</i>
___ B	\$45.00	<i>Related Fields Member: Education, Government, Nutrition, State Education, etc.</i>
___ C	\$20.00	<i>Supervisor or Manager <u>reporting</u> to the District Director or Manager</i>
___ D	\$ 9.00	<i>Food Service Staff Classifications: All Other classifications except management</i>
___ D1	\$ 9.00	<i>Student; Intern</i>
___ G	\$ 9.00	<i>Retired: All retired school food service personnel</i>

---

State Dues Paid: \$ \_\_\_\_\_

Local Dues Paid: \$ \_\_\_\_\_

Donation to Scholarship Fund: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

\_\_\_ I am an SNA member and sent my state membership to SNA on \_\_\_\_\_ (date)

- New STATE ONLY members make check payable to NYSNA and return to NYSNA at above address
- **SNA Members** - please pay your STATE dues on your SNA membership form and send directly to SNA
- Renewal members mail state and local dues directly to NYSNA



**2020-2021**  
**NEW YORK SCHOOL NUTRITION ASSOCIATION**  
**100% MEMBERSHIP**  
**APPLICATION**

(Use a separate application for each individual unit/building)

PLEASE PRINT NAME OF SCHOOL, INDIVIDUAL SCHOOL AND ADDRESS

<b>State:</b> New York			<b>County:</b>			<b>Chapter:</b>		
<b>School District:</b>								
<b>Business Address:</b>								
<b>City:</b>			<b>State:</b>		<b>Zip:</b>			
<b>Individual Kitchen Name:</b>								
<b>Number of Employees in Kitchen:</b>				<b>Date:</b>				
<b>NAME</b>		<b>HOME ADDRESS</b>		<b>CHECK MEMBERSHIP LEVELS</b>				
				<b>LOCAL</b>	<b>STATE</b>	<b>SNA</b>		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

**DATE AWARDED:** \_\_\_\_\_

**FOOD SERVICE SUPERVISOR:** \_\_\_\_\_  
(Signature)

**Mail To:** N.Y.S.N.A., 21 Executive Park Drive Clifton Park, NY 12065

# Credit Card Acceptance

Date\_\_\_\_\_

Name of person\_\_\_\_\_

Name of person ON CARD\_\_\_\_\_

Name of School/ Company\_\_\_\_\_

Address\_\_\_\_\_

(Billing Address for Card)

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

☐ Email receipt to: \_\_\_\_\_

Phone Number:\_\_\_\_\_

(Where to reach him/her if any problem with the transaction)

Credit Card Only:    ☐ MasterCard    ☐ Visa    ☐ Discover    American Express

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Card Code: \_\_\_\_ Check one:    ☐ Personal Card    or    ☐ Business Card

(this number is 3 or 4 digits, typically on the back of the card on the signature line)

Amount Billed: \$\_\_\_\_\_

(Reiterate this to customer)

\*\*\*\*\***Signature Required:**\_\_\_\_\_

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Office Use only:

Person at NYSNA Completing Transaction:\_\_\_\_\_

☐ Form attached

MUST attach a copy of the form for item/service/workshop/booth for which the charge is being made

Class\_\_\_\_\_ Purpose\_\_\_\_\_

Account #\_\_\_\_\_

Amount \$\_\_\_\_\_

Order # \_\_\_\_\_

# SNA National and State Membership Application Guidelines

## Membership Application for Individual and School District Memberships.

Instructions for completing the front of this application:

1. Please indicate if you have ever been a SNA member.
2. Print your full name as you would like it to appear in your membership record and on your membership card.
3. Print your email address and job title. All SNA members automatically receive emailed information related to the organization.
4. Print your current school district.
5. Print your current school name.
6. If you know your local chapter number, please fill in.
7. Print your work and home phone number.
8. Print your work mailing address.
9. Print your home mailing address.
10. Print full name of member referrer who introduced you to SNA (only needed for new members). This will give the person credits for Star Club and annual membership campaign drives. Optional: Include referrer's SNA member ID.
11. Please review the membership categories listed. Check one that best describes your position. **School District/State Agency Membership (SDM) is a membership managed or coordinated by the school district/state agency and can be transferred to another individual in the same membership category. Please check with your district to see if you are eligible for SDM.**
12. Please check if you are employed by public school, private school, or private management company.
13. Please indicate if your employer pays your dues.
14. Please indicate if you are responsible for school nutrition operations in your school district.
15. Record your national dues based on membership category checked.
16. Record your state dues based on the dues listed on left side of application under "Your state dues are:"
17. All applications must include the processing fee.
18. Please add national, state dues and processing fee amounts. This is the total dues amount to be paid. Applications with incorrect total amount will be returned resulting in a delay of member benefits.
19. Record your optional contribution to the School Nutrition Foundation. The School Nutrition Foundation is a 501(c)(3) organization and donations are tax deductible. Your contribution of \$10 or more will be acknowledged by the School Nutrition Foundation.
20. Add national dues, state dues, processing fee and any optional contributions. This is the total payment.
21. If paying by credit card, please enter your credit card information.
22. This box must be completed for SDM applicants.
23. Please sign and date your completed application. Required for individual membership only. Mail your application and payment to SNA, PO Box 759297, Baltimore, MD 21275-9297.

Membership dues cover a full year of benefits. Processing of application takes approximately two to four weeks from receipt of payment. New members will be mailed a membership card about two weeks after application has been completely processed.

Dues Category	Membership Category	Description	Individual Membership	School District/State Agency Membership
<b>SNE</b>	School Nutrition Employee	Cooks, chefs, bakers, bookkeepers, technicians, assistants, etc.	<b>\$36</b>	<b>\$36</b>
<b>STU</b>	Student	Full-time students enrolled in post-secondary nutrition, health or other food related program. Does not include right to vote.	<b>\$36</b>	<b>N/A</b>
<b>RET</b>	Retired	Retired Members.	<b>\$36</b>	<b>N/A</b>
<b>SNM</b>	School Nutrition Manager	Managers, head cooks, head chefs, assistant managers.	<b>\$38</b>	<b>\$38</b>
<b>DDS</b>	School Nutrition Director, Supervisors, Specialist, Executive Chefs	Working in a school nutrition program at the school district level.	<b>\$130</b>	<b>\$130</b>
<b>MCD</b>	School Nutrition Director, Supervisor, Specialist (Major City)	Working in a school nutrition program where the school district enrollment is 40,000 or more or city population is 200,000 or more.	<b>\$130</b>	<b>\$130</b>
<b>SDS</b>	State Agency Director, Supervisor, Specialist	Working in state office for child nutrition programs, including nutrition education.	<b>\$130</b>	<b>\$130</b>
<b>EDU</b>	School Nutrition Educator	Faculty working in a college/university setting.	<b>\$130</b>	<b>\$130</b>
<b>OTH</b>	Other	Principals, Superintendents, Teachers, etc. Does not include right to vote.	<b>\$130</b>	<b>\$130</b>
<b>AFE</b>	Affiliate Part-Time Staff (less than 4 hours daily)	Optional membership category for retired or part-time school nutrition staff. Does not include a subscription to <i>SN</i> magazine or the right to vote in the annual SNA election.	<b>\$18</b>	<b>N/A</b>
<b>AFR</b>	Affiliate Retired		<b>\$18</b>	<b>N/A</b>

Note: Contributions or gifts to SNA are not deductible as charitable contributions for federal income tax purposes. Contributions to the Foundation are deductible for IRS purposes. \$2.00 of your national dues is used for your subscription to the *SN* magazine.



# NATIONAL AND STATE NEW MEMBER APPLICATION

Member ID \_\_\_\_\_

① Have you ever been a SNA member? ☐ Yes ☐ No

② First Name \_\_\_\_\_ Last Name \_\_\_\_\_

③ Email \_\_\_\_\_ Job Title \_\_\_\_\_

④ School District \_\_\_\_\_ ⑤ School Name \_\_\_\_\_ ⑥ Chapter No. \_\_\_\_\_

⑦ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

⑧ Work Mailing Address (Please indicate preferred mailing address ☐ Work ☐ Home)

Address \_\_\_\_\_ Suite \_\_\_\_\_

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

⑨ Home Mailing Address

Address \_\_\_\_\_ Suite/Apt \_\_\_\_\_

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

⑩ Who referred you to SNA? First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Optional) Member ID: \_\_\_\_\_

⑪ Membership Category (Check either individual membership or school district/state agency membership (SDM). See back for description)

## National Dues

Member Categories	Individual Membership	School District/State Agency Membership
SN Employee	\$36 <input type="checkbox"/>	\$36 <input type="checkbox"/>
Student	\$36 <input type="checkbox"/>	N/A
Retired	\$36 <input type="checkbox"/>	N/A
SN Manager	\$38 <input type="checkbox"/>	\$38 <input type="checkbox"/>
District Director/Supv/Spec	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Major City Director/Supv/Spec	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
State Agency Director and Staff	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Nutrition Educator	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Other	\$130 <input type="checkbox"/>	\$130 <input type="checkbox"/>
Affiliate Employee	\$18 <input type="checkbox"/>	N/A
Affiliate Retired	\$18 <input type="checkbox"/>	N/A

⑫ Employed by? ☐ Public School ☐ Private Management Company  
☐ Private School ☐ CACFP

⑬ Does your employer pay your dues? ☐ Yes ☐ No

⑭ Are you responsible for school nutrition operations in your school district? ☐ Yes ☐ No

National, State Dues and Processing Fee are required.

⑮ NATIONAL DUES \$    .

NY ⑯ STATE DUES\* \$    .

⑰ PROCESSING FEE \$    2 . 5 0

⑱ TOTAL DUES \$    .

⑲ Tax-deductible contribution to SN Foundation \$    .    
\_\_\_\$10 \_\_\_\$25 \_\_\_\$50 \_\_\_Other

⑳ TOTAL PAYMENT \$    .

⑯ Your STATE DUES are: (Record state dues in the space provided on right) \* Select one.

\$9.00 STU/SNE/RET/AFR/AFE/

\$20.00 SNM/

\$45.00 SDS/OTH/MCD/EDU/DDS/

㉑ CREDIT CARD INFO: EXP. DATE \_\_\_\_\_

# \_\_\_\_\_

㉒ Individual Membership Signature \_\_\_\_\_ Date \_\_\_\_\_

For SDM multiple applicants, you may use a spreadsheet found at [www.schoolnutrition.org/sdm](http://www.schoolnutrition.org/sdm).

See reverse side for important information.

Dues subject to change.

㉓ FOR SCHOOL DISTRICT MEMBERSHIP (SDM) ONLY

SDM Main Contact Name \_\_\_\_\_

(Optional) SDM Main Contact Member ID \_\_\_\_\_

Email \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Return this form with your credit card information, or your check or money order made out to SNA

Mail application to SNA, PO Box 759297, Baltimore, MD 21275-9297



# School District Owned Membership

Sign your district up today and give your staff the benefits of SNA membership !



*SNA offers a valuable membership option called School District Owned Membership (SDM) as an alternative to standard individual memberships. The **goal of SDM is to make it easier for your school district to pay for memberships** and allow your employees to enjoy the many benefits of SNA membership.*

## What is School District Owned Membership (SDM)

- ▶ A SDM is a membership that is **owned by a school district** in the name of an individual and is transferable to another employee if the original assignee leaves.
- ▶ SDM is not one membership for an entire district, but separate memberships that are transferrable.
- ▶ SDMs receive all the same benefits as an individual member.
- ▶ SDM can also be used for new and renewing memberships and SNA will work with districts to align existing expiration dates so that all SDMs expire at the same time.



## Free Memberships for New SDMs

SNA is currently offering an incentive of **one free membership for every five new memberships** in the same category.

This offer is valid for School Nutrition Employee (SNE) or School Nutrition Manager (SNM) members and both national and state dues are free.

For more information about School District Owned Membership contact the Service Center at 800 877 8822 or email [sdm@schoolnutrition.org](mailto:sdm@schoolnutrition.org).

[www.schoolnutrition.org/SDM](http://www.schoolnutrition.org/SDM)