



**2019-2020**  
**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>	
NAME	HOME ADDRESS	CHECK MEMBERSHIP LEVELS			
		LOCAL	STATE	SNA	
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