



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

State: New York		County:		Chapter:	
School District:					
Business Address:					
City:		State:		Zip:	
Individual Kitchen Name:					
Number of Employees in Kitchen:				Date:	
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., 125 Wolf Road, Albany, N.Y., 12205