

**SCHOOL NUTRITION ASSOCIATION OF VIRGINIA
REAFFILIATION/CHAPTER PROFILE**

Chapter president should complete this form.

Submit a copy of this form and A MEMBERSHIP LIST WITH SNA MEMBERSHIP NUMBERS
to the Association Coordinator by **January 9**.

Chapter Name: _____ Number _____ Date _____

Chapter Officers:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Number of members in previous calendar year (Provided by Past Chapter President)

Managers	Chapter _____	State/Nat _____
Director/Supervisors	Chapter _____	State/Nat _____
Employees	Chapter _____	State/Nat _____
Retirees	Chapter _____	State/Nat _____

Number of New Members between August 1 and December 1 of THIS year.

Managers (new)	Chapter _____	State/Nat _____
Employees (new)	Chapter _____	State/Nat _____
Director/Supervisors (new)	Chapter _____	State/Nat _____
Retirees (new)	Chapter _____	State/Nat _____

Awards eligible to members of all three: Local, State, and National

Total Number of New Members for Year: _____

Did Regional Director Attend Chapter Meeting? _____ *Date:* _____

Award Submissions: (List name of candidate from your chapter.)

Employee of the Nominee: _____

Manager of the Year Nominee: _____

Director of the Year Nominee: _____