

**School Nutrition Association
100% Membership Award Application
FOR INDIVIDUAL SCHOOLS AND ADMINISTRATIVE OFFICES**

Name of Individual School or Administrative Office: _____

Chapter Number: _____ Chapter Name: _____

Address: _____

City/State/Zip: _____

Name of School Nutrition Director: _____

Number of School Nutrition employees in the system: _____

Names of employees and employee membership numbers:

1- _____ 10- _____

2- _____ 11- _____

3- _____ 12- _____

4- _____ 13- _____

5- _____ 14- _____

6- _____ 15- _____

7- _____ 16- _____

8- _____ 17- _____

9- _____ 18- _____

(Please list additional names on a separate sheet and attach.)

Signed: _____
Director, School Nutrition Date

INSTRUCTIONS: To qualify, all regular foodservice and nutrition personnel in the school must be SNA members "as of" December 31 of the previous year. The official SNA membership list for that date shall be used as proof of membership.

One application per INDIVIDUAL SCHOOL shall be completed upon meeting this level of achievement and mailed to the State Membership Representative by January 10

**School Nutrition Association
100% Membership Award Application
FOR DISTRICTS**

Name of District: _____

Chapter Name: _____

Address: _____

City/State/Zip: _____

Name of School Nutrition Director: _____

Number of School Nutrition employees in the district: _____

Name of Schools in District	Address	Zip Code
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

(Please list additional schools on a separate sheet and attach.)

Signed: _____
Director, School Nutrition Date

INSTRUCTIONS: To qualify, all regular foodservice and nutrition personnel in the school must be SNA members "as of" December 31 of the previous year. The official SNA membership list for that date shall be used as proof of membership.

One application per DISTRICT shall be completed upon meeting this level of achievement and mailed to the State Membership Representative by January 10.