



100% Membership Award Application FOR ENTIRE SCHOOL DISTRICT

Due: January 25, 2020

Email to sna.va.connect@gmail.com

Name of School District: _____

Address: _____

Chapter Name and Number: _____

Submitted By: _____

Email Address: _____

INSTRUCTIONS: To qualify, all regular foodservice and nutrition personnel in the School District must be SNA members "as of" December 31, 2019. The official SNA membership list shall be used as proof of membership. Submit only ONE APPLICATION.

Name of School Nutrition Director: _____

Number of School Nutrition Employees in the School District: _____

List the Names of All Schools in the School Districts (or attach document):

Name of School in District	Address, City, State, Zip
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

For additional names, please list on a separate sheet and attach.

Signed: _____ Date _____

(Director of School Nutrition)