

State Membership Forms

Maryland School Nutrition Association (MdSNA) MEMBERSHIP APPLICATION <i>This form is for use only by those who are joining/renewing MdSNA without joining/renewing SNA. If you are an SNA member or are joining SNA, DO NOT use this form.</i>	
Name:	
Address: (Street)	
(City & State)	(Zip)
Phone: (Home)	(Work)
Fax:	Email:
Chapter Affiliation: (county where you work)	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal	
Fees (Check One) <input type="checkbox"/> \$6.00 Part Time (Fewer than 4 hours & Retirees) <input type="checkbox"/> \$10.00 Single Unit (Employees 4 hours & over) <input type="checkbox"/> \$15.00 Central Unit (Personnel & others eligible)	
Make checks payable to: MdSNA <i>If form is sent in by your chapter's membership chairperson, then card will be sent back to him/her.</i>	

Please Note:
 Use these forms only for members to apply for or renew state-only membership.

State members who are also joining national **SHOULD NOT USE THIS FORM.**

Feel free to make copies of this page for your members' use. Forms are also available on the MdSNA website: www.mdsna.org.

If you have questions, contact Michele Switzer at admin@mdsna.org or 443-565-6376

Mail these forms to:

MdSNA Processor
 3005 Gillis Falls Road
 Mount Airy, MD 21771

Mail completed form and payment to: MdSNA, 3005 Gillis Falls Road, Mount Airy, MD 21771

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