## Maryland School Nutrition Association (MdSNA)

## MEMBERSHIP APPLICATION

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, <u>DO NOT</u> use this form.		
Name:		
Address:	(Street)	
	(City & State)	(Zip)
Phone:	(Home)	(Work)
Fax:		Email:
Chapter Affiliation:		
(county where you work)		New MemberRenewal
\$6.00 Part Time (Fewer than 4 hours & Retirees)		Make checks payable to: MdSNA If form is sent in by your chapter's membership chairperson, then card will be sent back to him/her.