

**MEMBERSHIP CAMPAIGN
OF THE MARYLAND SCHOOL NUTRITION ASSOCIATION
APPLICATION FOR CERTIFICATE OF ACHIEVEMENT
100% MEMBERSHIP SCHOOL**

County: _____ Date: _____

Name of School (*type or print clearly*): _____

Address: _____

Name of Cafeteria Manager: _____ Phone: _____

Number of Regular Cafeteria Employees: _____ Number of MSNA Memberships: _____

<u>Name of Member</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use the back of this form for additional names.)

Signature of Cafeteria Manager _____

INSTRUCTIONS: To qualify for the MSNA 100% Membership Certificate of Achievement, all regular food service personnel in the single unit/school unit shall be a member of MdsNA on or before May 31st of this year.

One application for each school shall be completed upon meeting this level of achievement and mailed to:

Email forms to:
admin@mdsna.org