

## **SCHOOL NUTRITION ASSOCIATION**

## INDUSTRY CONSULTANT/CORPORATE INDUSTRY MEMBERSHIP FORM

## **I. MEMBERSHIP CATEGORIES:**

Please Check One:					
Industry Consultant Member			·		
☐ Corporate Industry Member			\$995		
II MEMBEROUID CONTACTO					
II. MEMBERSHIP CONTACTS:					
Primary Contact: (For Industry Contact)	Consultant &	Corporate Industry)			
Name:					
Job Title <u>:</u>					
Company:					
Business Address:					
City:	_State:	Zip	:		
Business Phone:	Cell Phone:				
E-Mail:					
Secondary Contact: (For Corpo Name:	,				
Job Title:					
Company:					
Business Address:					
City:	_State:	Zip	:		
Business Phone:	Cell Phone:				
E-Mail:					
Which one of the following bes	t describes	your company? (che	eck one)		
☐ Food / Beverage Company	☐ Supp	olies / Smallwares Con	npany		
☐ Technology Company	Broke	er			
☐ Equipment Company	☐ Othe	r			
Would your company be consi	dered a sma	II business (less tha	n \$7M annually in sales)?		
Yes					

Payment Method (check one):							
☐ Check (make payable to School Nutrition Assn.)							
	MasterCard	☐ Visa		American Express	□ Discover		
Grand Tota	al:						
Cardholde	r Name:						
Account N	umber:			Expiration Da	ate		
Billing Addı	ress:						
app Sch P.C	ase mail check polication to:  nool Nutrition Assol. Box 759297		oleted	Please email completed ap nartis@schoo Or fax to (703 Attn: Nita Artis	olnutrition.org 3) 824-3015		

Baltimore, MD 21275-9297