

Indiana School Nutrition Association

Application for Chapter Affiliation

The _____ School Nutrition Association, having completed requirements for affiliation with the Indiana School Nutrition Association, hereby applies for its charter affiliation.

Chapter was first organized _____.

A copy of our Bylaws and a Membership List (Form 2) is attached: Yes ____ No ____

Following are the names and addresses of officers for the year 20__ to 20__.

Name _____ Address _____

President: _____

President Elect: _____

Secretary: _____

Treasurer: _____

Date of Application: _____

President's Signature _____

Send this application to the ISNA Chairperson of Regional Representatives

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To be completed by ISNA Officers:

Reviewed and approved: President _____

Membership / Certification Chair:

Chairperson of Regional Representatives:

Date of Affiliation _____

Indiana School Nutrition Association

Membership List for _____ School Nutrition Association, 20__ to 20__

	Last Name, First Name	Mailing Address, City, Zip	Position Code	New	Re new
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Code letters for Member type:

D – Director (multiple kitchens)

M – Manager/Head Cook

E – Foodservice Employee

S – State Agency

A - Affiliate

R - Retired

O – Other _____

Send list to Chairperson of Regional Representatives to establish a new chapter.