

SCHOOL RENEWAL INSTRUCTION SHEET

Thank you for renewing your school members. Be sure to check and update **ALL** renewals if information has changed or if a member is no longer with the district. Please check our website often for updated forms, new membership information and updates to our member benefits.

www.nyschoolnutrition.org

All "B" and "G" renewals have been sent directly to the member.

Please Note:

- **ALL** members **MUST** provide an email address.
- Local dues should remain with the chapter whenever possible.
- Remind the person who is in charge of the food service program (Director, Manager, or Cook/Manager) to renew at the "A" Level in order to receive our email communications, and be listed in and to receive the Guide of Directors

What you will find in the packet:

- District Summary Form
- Updated NYSNA Membership Form – Can be printed off website/copied
- **Once paperwork is submitted you will receive an invoice through our online database**

From SNA

- SNA Membership Form
- School District Owned Membership (SDM) Information Overview*

*A SDM is a membership which is owned by the school district (in the name of an individual) and is transferable to another employee, in the same membership category, if the original member leaves the district's employ. More information about the program:

<http://www.schoolnutrition.org/Membership/SchoolDistrictOwnedMembership/>

REMINDER ABOUT SNA RENEWALS TO SHARE WITH MEMBERS!

- There will be one form sent by SNA for the renewal of state and national dues. This includes a processing fee of \$3.00 for each member. You will pay the entire sum of state dues, national dues and the processing fee to the NYSNA headquarters **OR** to SNA directly. *For SNA members, the chapter will only collect chapter dues.*
- SNA processing fee: This fee is not optional. If a national member sends state dues to HQ and not to national, the fee still must be paid. If the SNA member does not include the \$3, the fee will be deducted from the state dues rebated to NYSNA, causing NYSNA to have to invoice you for \$3.00.

SUMMARY OF ENCLOSED MEMBERSHIP FORMS

STATE MEMBERSHIPS ONLY

\$50.00 x ____ = \$_____ Level "A" Members
\$50.00 x ____ = \$_____ Level "A1" Members
\$50.00 x ____ = \$_____ Level "B" Members
\$25.00 x ____ = \$_____ Level "C" Members
\$10.00 x ____ = \$_____ Level "D" Members
\$10.00 x ____ = \$_____ Level "G" Members
TOTAL # ____ = \$_____ STATE DUES PAID
TOTAL # ____ = \$_____ TOTAL PAYMENT SENT

AREA: _____

PLEASE PRINT THE FOLLOWING INFORMATION

PERSON SUBMITTING PACKET: _____

PHONE NUMBER FOR CONTACT IN CASE OF QUESTIONS: (____) _____

THIS FORM SHOULD BE USED WHENEVER SUBMITTING DUES



MEMBERSHIP APPLICATION

New York School Nutrition Association
21 Executive Park Drive
Clifton Park, NY 12065
(518) 446-9061
FAX (518) 446-0113

PLEASE PRINT:

Name: _____ Title: _____

Preferred Mailing Address is the following: *Please Check One:* _____ Home Address _____ Work Address

School District/Organization: _____

The following address is: _____ Home Address _____ Work Address

Street/PO Box: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Work Telephone: (____) _____ Fax: (____) _____ Home Telephone: (____) _____

Membership Advantages:

- Enhance your professionalism
- Receive our Fresh Bite: a NYSNA Publication
- Meet the first requirement for National Membership
- Receive membership discounts for professional training (i.e. State Conference, NYSNA Townhalls, and more!)
- Network with your peers from around the state
- Directors are listed in the New York State Guide of Directors - found in your member portal.
- Directors receive up-to-the-minute information impacting their programs via email

| <u>Level</u> | <u>Amount</u> | <u>Category Description</u> |
|--------------|---------------|---|
| ___ A | \$50.00 | <i>District Director or Manager for District School Food Service - <u>one or more schools</u></i> |
| ___ A1 | \$50.00 | <i>Assistant Director or Area Supervisor; Registered Dietician working for one or more District</i> |
| ___ B | \$50.00 | <i>Related Fields Member: Education, Government, Nutrition, State Education, etc.</i> |
| ___ C | \$25.00 | <i>Supervisor or Manager <u>reporting</u> to the District Director or Manager</i> |
| ___ D | \$10.00 | <i>Food Service Staff Classifications: All Other classifications except management</i> |
| ___ D1 | \$10.00 | <i>Student; Intern</i> |
| ___ G | \$10.00 | <i>Retired: All retired school food service personnel</i> |

State Dues Paid: \$ _____

Donation to Scholarship Fund: \$ _____

Total Enclosed: \$ _____

___ I am an SNA member and sent my state membership to SNA on _____ (date)

- New STATE ONLY members make check payable to NYSNA and return to NYSNA at above address
- **SNA Members** - please pay your STATE dues on your SNA membership form and send directly to SNA
- Renewal members mail state and local dues directly to NYSNA