



# TSNA Membership Application

(State ONLY Membership)

Tennessee School Nutrition Association  
 4214 Hickory Ridge Road  
 Lebanon, TN 37087  
 (615) 406-4546 tnsna@outlook.com

## TSNA MEMBERSHIP INFORMATION — PLEASE PRINT

**NAME:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Have you ever been a TSNA member before?  Yes  No

If a Member please give expiration date: \_\_\_\_\_

School District or Company: \_\_\_\_\_ Chapter: \_\_\_\_\_

The following preferred mailing address is (check one):  Home Address  Work Address

Street Address/PO Box: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Who introduced you to TSNA? \_\_\_\_\_ Phone Number \_\_\_\_\_

## MEMBERSHIP DUES

<u>Check Level;</u>	<u>Amount</u>	<u>Category Description</u>
___ <b>A</b>	<b>\$10.00</b>	Student, Foodservice/Nutrition Manager, Foodservice/Nutrition Employee, Child Care Manager, Child Care Employee, Retired
___ <b>B</b>	<b>\$15.00</b>	State Agency Directors, Supervisors, Specialists, Foodservice/Nutrition Directors, Foodservice/Nutrition Educators, Child Care Directors, Principals, Teachers, Others

**Total State Dues Paid: \$** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## STATE ONLY MEMBERS

**New members and renewals please make check payable to TSNA and return to the address above.**  
 The membership year is January 1 — December 31. All State only membership expires December 31