



Washington School Nutrition Association Industry Member Application

Date: _____ New _____ Renew _____
(Please check one)

Choose one:

_____ Individual Membership (\$ 40)

_____ Corporate Membership (\$160) -- Membership designed for companies that wish to have a membership for up to six employees of that company.)

Section I: (Complete for Individual Membership Only) ~ Please Print

Last Name _____ First Name _____

Company Name _____

Preferred Mailing Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

Section II: (Complete for Corporate Membership Only) ~ Please Print

Company Name _____

Contact Last Name _____ First Name _____

Preferred Mailing Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

Additional Member Names:

1. Last _____ First _____

2. Last _____ First _____

3. Last _____ First _____

4. Last _____ First _____

5. Last _____ First _____

Payment: Check (enclosed) Visa MasterCard Discover American Express

Card # _____ Security Code _____ Exp. Date _____

Billing Address _____ ZIP _____