



WASHINGTON  
SCHOOL  
NUTRITION  
ASSOCIATION

# 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 \_\_\_\_\_

Please send this completed form to:  
Washington School Nutrition Association, PO Box 686, Loon Lake, WA 99148  
Phone: 509-220-6121 Fax: 509-233-0230 Email: wsnaexec@comcast.net