

# State Membership Forms

## Please Note:

Use these forms only for members to apply for or renew state-only membership.

State members who are also joining national **SHOULD NOT USE THIS FORM.**

Feel free to make copies of this page for your members' use. Forms are also available on the MdsNA website: [www.mdsna.org](http://www.mdsna.org).

If you have questions, contact Michele Switzer at [admin@mdsna.org](mailto:admin@mdsna.org) or 410-740-7278.

Mail these forms to:

MdsNA Processor  
21912 Goshen School Rd.  
Gaithersburg, MD 20882

<b>Maryland School Nutrition Association (MdsNA)</b> <b>MEMBERSHIP APPLICATION</b> <i>This form is for use only by those who are joining/renewing MdsNA without joining/renewing SNA. If you are an SNA member or are joining SNA, DO NOT use this form.</i>	
Name:	
Address: (Street)	
(City & State)	(Zip)
Phone: (Home)	(Work)
Fax:	Email:
Chapter Affiliation: (county where you work)	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal	
<b>Fees</b> (Check One)	
<input type="checkbox"/> \$6.00 Part Time (Fewer than 4 hours & Retirees) <input type="checkbox"/> \$10.00 Single Unit (Employees 4 hours & over) <input type="checkbox"/> \$15.00 Central Unit (Personnel & others eligible)	
Make checks payable to: <b>MdsNA</b> <i>If form is sent in by your chapter's membership chairperson, then card will be sent back to him/her.</i>	

Mail completed form and payment to: MdsNA, 21912 Goshen School Rd., Gaithersburg, MD 20882

<b>Maryland School Nutrition Association (MdsNA)</b> <b>MEMBERSHIP APPLICATION</b> <i>This form is for use only by those who are joining/renewing MdsNA without joining/renewing SNA. If you are an SNA member or are joining SNA, DO NOT use this form.</i>	
Name:	
Address: (Street)	
(City & State)	(Zip)
Phone: (Home)	(Work)
Fax:	Email:
Chapter Affiliation: (county where you work)	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal	
<b>Fees</b> (Check One)	
<input type="checkbox"/> \$6.00 Part Time (Fewer than 4 hours & Retirees) <input type="checkbox"/> \$10.00 Single Unit (Employees 4 hours & over) <input type="checkbox"/> \$15.00 Central Unit (Personnel & others eligible)	
Make checks payable to: <b>MdsNA</b> <i>If form is sent in by your chapter's membership chairperson, then card will be sent back to him/her.</i>	

Mail completed form and payment to: MdsNA, 21912 Goshen School Rd., Gaithersburg, MD 20882

<b>Maryland School Nutrition Association (MdsNA)</b> <b>MEMBERSHIP APPLICATION</b> <i>This form is for use only by those who are joining/renewing MdsNA without joining/renewing SNA. If you are an SNA member or are joining SNA, DO NOT use this form.</i>	
Name:	
Address: (Street)	
(City & State)	(Zip)
Phone: (Home)	(Work)
Fax:	Email:
Chapter Affiliation: (county where you work)	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal	
<b>Fees</b> (Check One)	
<input type="checkbox"/> \$6.00 Part Time (Fewer than 4 hours & Retirees) <input type="checkbox"/> \$10.00 Single Unit (Employees 4 hours & over) <input type="checkbox"/> \$15.00 Central Unit (Personnel & others eligible)	
Make checks payable to: <b>MdsNA</b> <i>If form is sent in by your chapter's membership chairperson, then card will be sent back to him/her.</i>	

Mail completed form and payment to: MdsNA, 21912 Goshen School Rd., Gaithersburg, MD 20882