



## SCHOOL DISTRICT OWNED MEMBERSHIP TRANSFER FORM

This form must be completed to transfer a School District Owned Membership to another individual. Transfers can only occur within the same membership category. Only designated SDM Administrators as indicated on the membership application can authorize and sign this form.

SDM Currently Assigned to this Person:

Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Membership Category: \_\_\_\_\_

SDM Should be Transferred to this Person:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID: \_\_\_\_\_ Membership Category: \_\_\_\_\_  
(applies only to existing members) (must be same category as above)

School Name: \_\_\_\_\_ Chapter No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Mailing Address: (SDM requires work address)  
Address: \_\_\_\_\_

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

Referred by: \_\_\_\_\_ (optional)

Administrator's Name: \_\_\_\_\_  
(must be the same name as indicated as the School District Administrator on the current  
SDM individual's membership application)

School District: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN TO SNA  
ATTN: MEMBERSHIP DEPARTMENT  
FAX: (301) 686-3115  
EMAIL: [ewilson@schoolnutrition.org](mailto:ewilson@schoolnutrition.org)