

School Nutrition Association PATRON PROGRAM APPLICATION



SNA Patron Program

Fee: \$15,000 annually

I. COMPANY INFORMATION

Company/Organization Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

II. MEMBERSHIP CONTACTS:

Primary Contact:

Name: _____

Job Title: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Secondary Contact:

Name: _____

Job Title: _____

Business Phone: _____

Cell Phone: _____

Email: _____

School Nutrition Association

PATRON PROGRAM APPLICATION



Third Contact:

Name: _____

Job Title: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Fourth Contact:

Name: _____

Job Title: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Fifth Contact:

Name: _____

Job Title: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Which one of the following best describes your company? (check one)

- | | |
|--|--|
| <input type="checkbox"/> Food / Beverage Company | <input type="checkbox"/> Supplies / Smallwares Company |
| <input type="checkbox"/> Technology Company | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Equipment Company | <input type="checkbox"/> Other: _____ |

Would your company be considered a small business (less than \$7M annually in sales)?

☐ Yes ☐ No



Feeding Bodies. Fueling Minds.™

Payment Method (check one):

- ☐ Check: Make payable to School Nutrition Assn.
- ☐ Credit Card: A secure link will be sent separately via email to pay online.

Please mail check payments
with completed application to:
SNA Depository
PO Box 719297
Philadelphia, PA 19171-9297

For credit card payments, send
completed application to:
membership@schoolnutrition.org
Or fax to (703) 824-3015
Attn: Nita Artis