

School Nutrition Association of South Carolina



Industry Membership Form

New _____ Renewal _____

Name _____

Company _____

Position/Title _____

Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Fax (_____) _____

Email: _____

Indicate Membership desired:

Individual Sustaining (\$150) for 1 member \$ _____

Corporate Sustaining (\$200) for 2 members \$ _____

(If Corporate Membership is desired, please complete information below for second member):

Name _____

Position/Title _____

Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Fax (_____) _____

Email: _____

Optional:

Tax Deductible Contribution to SNA of SC Scholarship Fund \$ _____

Total Amount Enclosed (check payable to SNA of SC) \$ _____

Signature(s) _____ Date _____

Check payable to: SNA of SC
EIN: 57-0689852

Please mail form and check to: Joyce Lovett, Executive Director
SNA of SC
Post Office Box 1795
Columbia, SC 29202
(803) 782-0951 phone ~~ (803) 790-2723 fax
snasc@bellsouth.net
www.schoolnutritionsc.org