

# School Nutrition Association of Louisiana

[www.snal.org](http://www.snal.org)

## Industry (**Individual**) Membership Form

If you pay SNAL for your state dues, do not also pay your dues to SNA

Circle one: **New Member** or **Renewal**

Member Number \_\_\_\_\_

**Personal Information: (Please print and complete information on this form. We can only process completed forms).**

Company Name \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Ste. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

. Email \_\_\_\_\_

**INDIVIDUAL MEMBERSHIP FEE IS \$125.00 ANNUALLY – PLEASE PROVIDE COMPANY NAME ALONG WITH INDIVIDUAL REPRESENTATIVE**

Individual Industry Membership is for: one Industry person.	
<b><i>MEMBERSHIP BENEFITS</i></b>  <b><i>COPY OF SNAL JOURNAL DIRECTORS/SUPERVISOR ROSTER</i></b> <b><i>RECOGNITION ON SNAL WEBSITE</i></b> <b><i>OPTION TO SERVE ON SNAL EXECUTIVE BOARD</i></b> <b><i>RECEIVE CONFERENCE SOUVENIR</i></b>	Company Name _____
	Name: _____ Member # _____
	Street Address _____ City _____ State _____ Zip _____
	Email _____ Phone _____
	Name: _____ Member # _____
	Street Address _____ City _____ State _____ Zip _____
	Email _____ Phone _____

**Industry Members – Per the SNAL by laws are: Vendors/Brokers who provide goods and services to self operated school nutrition programs and who are interested in furthering the purpose of SNAL; they shall not be employed in an ineligible field.**

Industry Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return payment and form to:  
SNAL, Marlene Joy, Executive Director  
727 Browntown Road, Jena, LA 71342  
Office # 318 992-4200 or cell 318 729-3131

**A membership card will be sent to you verifying your membership with SNAL.**