

Future Leader Application

Tempe, Arizona
Apr 30- May 2, 2020

Name _____

School District _____ Position _____

Phone: _____ Email _____

Address _____

City _____ State _____ Zip _____ 83713 _____

SNA Membership ID _____ SNA Membership Expiration Date _____

_ Holds a SNA Certificate in School Nutrition (Level: _____) or _____ Holds the SNS Credential

SNA Positions held either Local Chapter or State or National Association?

What are your goals as a member of ISNA?

What strengths can you bring to ISNA?

What positions are you interested in serving on the ISNA Board?

Approval from Your Supervisor: _____

Signature

Date

National Leadership Conference would be a 4 day commitment.