MEMBERSHIP CAMPAIGN
OF THE MARYLAND SCHOOL NUTRITION ASSOCIATION
(formerly Maryland School Food Service Association)
APPLICATION FOR CERTIFICATE OF ACHIEVEMENT

100% MEMBERSHIP SCHOOL

County:_____ Date:_____

Name of School *(type or print clearly)*:_____

Address:_____

Name of Cafeteria Manager:_____ Phone:_____

Number of Regular Cafeteria Employees:_____ Number of MSNA Memberships:_____

Name of Member Address

_____

_____

_____

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_____

(Use the back of this form for additional names.)

Signature of Cafeteria Manager_____

INSTRUCTIONS: To qualify for the MSNA 100% Membership Certificate of Achievement, all regular food service personnel in the single unit/school unit shall be a member of MdSNA on or before May 31st of this year.

One application for each school shall be completed upon meeting this level of achievement and mailed to:

MdSNA 100% Membership
c/o Michele Switzer
21912 Goshen School Road
Gaithersburg, MD 20882