



Associate Membership Application

Membership runs from
June 2019 to July 2020

Firm

Name: _____

Business

Address: _____

City: _____ **State:** _____

Zip: _____

Telephone: _____

Fax: _____

E-

mail: _____

Broker (if applicable)

Supplies Distributed: (please check one)

Food Equipment

Other _____

Representatives

Name _____

Home

Address _____

City _____ State _____

Zip _____

Telephone _____

Fax _____

E-

mail _____

Associate Membership Dues for one year are \$75.00 **OR** are included in the purchase of a booth for the School Nutrition Association of Oklahoma Annual Food Show. (Application must be submitted either way)

Please make check payable to: SNA of Oklahoma

Thank you for your support,

Elizabeth Glaser

Association Membership Chair

C/o Ponca City Public Schools

1312 North 7th Street

Ponca City, OK 74601

(580) 761-2399

580-718-3991