56204

American School Food Service Association
National and State New Member Application

Member ID

Have you ever been an ASFSA Member before? ☐ Yes ☐ No

First Name | M | Last Name

Job Title

School District

School Name | Chapter No.

Who introduced you to ASFSA? First Name | Last Name

Home Phone ( ) - | Business Phone ( ) - | Extension | Fax Number ( ) -

Preferred Mailing Address ☐ Home ☐ Work (Check only one)

Address | Suite/Apt

City | State | Zip -

Secondary Address ☐ Home ☐ Work (Check only one)

Address | Suite/Apt

City | State | Zip -

Membership Categories and National Dues (choose only one) (See back for description)

	Dues Amt
School Foodservice ☐ **Child Care** ☐	
☐ Employee ☐ Manager ☐ Student ☐ Retired	$23
Director /Supervisor/Specialist: ☐ District ☐ Major City ☐ State Agency ☐ Child Care Director ☐ Other (Principals, Superintendents, Teachers, etc.) ☐ Nutrition Educator (College/University Level)	$85
☐ Affiliate Retired* ☐ Affiliate Part-Time*	$10

Employed By?
- ☐ Public School
- ☐ Private School
- ☐ Private Management Company
- ☐ Day/Family Home Care

Does your employer pay your dues? ☐ Yes ☐ No

Are you a Registered Dietitian(RD)? ☐ Yes ☐ No

Are you the director of foodservice operations? ☐ Yes ☐ No

E-mail

Your state dues are: (Record state dues paid in the space provided on right) Choose only one.

~~$9.00 RET/AFR/AFE/~~ ~~$10.00 STU/INE/CCE/~~

$13.00 SFM/CCM/ $18.00 SDS/OTH/MCD/EDU/DDS/CCD/

GA

National Dues $.

State Dues $.

Foundation (Funds/Scholarships for members) ____$5 ____$10 ____$15 ____Other $.

Other Contributions $.

Total $.

Please make your check payable to: Georgia SFSA

Mail application and check to: Georgia SFSA Processor Daphne Webb

Georgia SFSA Processor
2372 Main Street
Tucker, GA 30084-4456

Signature _____ Date / /

Return form with your check. See reverse side for important information.
*** STATE DUES SUBJECT TO CHANGE.**