

# Application and Renewal Form for Industry Membership



School Nutrition  
Association of Michigan

884 East Isabella Road, Midland, MI 48640

Please Print or Type:

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to SNAM and return with this statement to:  
Mary M. Jeffery  
Executive Director  
School Nutrition Association of Michigan  
Education and Training Connection  
884 E. Isabella Rd., Midland, MI 48640  
800 - 677 - 8955 (Michigan only)  
989 - 631 - 3663 (outside Michigan)  
Fax: 989-631-4541  
e-mail: mary@etc-1.com

Enclosed:

Company Membership .....	\$ 175.00
Additional individual memberships ____ at \$25 each.....	\$ _____
Statewide Training Program Donation .....	\$ _____
SNAM Scholarship Fund Donation .....	\$ _____
Total .....	\$ _____

*Note: Dues paid to SNAM are not deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses, except for 40% which represents nondeductible lobbying expense.*

Please list the names of additional company representatives enrolling as members.

1.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

2.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

3.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_