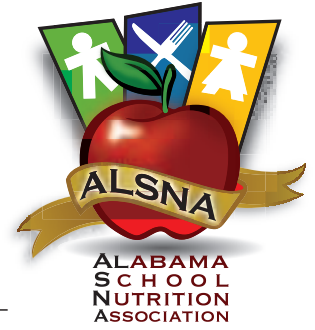


Alabama School Nutrition Association
School System/District

100% Membership/Certification Application



Name of School System/District: _____

Chapter Number/Name: _____

Address: _____

City/State/Zip: _____

Name of CNP Director: _____

Number of CNP Employees in the system/district: _____

Names of CNP Employees in System/District	Membership Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

(List additional names on separate sheet and attach.)

Signed: _____
(CNP Director) (Date)

INSTRUCTIONS: To qualify for the SNA 100% Membership and/or 100% Certification Award, all regular food service personnel in the school must be ALSNA members as of December 2009. The official ALSNA membership list for that date shall be used as proof of membership.

One application per school food service site (Central Office and/or School Cafeteria) shall be completed upon meeting this level of achievement and mailed to the respective chair person as noted below by March 5, 2010:

Name: _____

Address: _____

Check one: CERTIFICATE AND SEAL (if no previous award has been received or if new certificate is needed)
 SEAL (to add to the certificate previously received)

ALSNA Membership Chair : Becky Phillips, 2180 Lee Road 249, Smiths, AL 36877
ALSNA Certification Chair : Becky Bryant, 2100 18th Street South, Homewood, AL. 35209