



2018-19 Committee & Advisory Council Position Openings Interest Form

Committee/Advisory Council	28 Openings (Appointments are 2-Year Terms)
Membership Committee	<ul style="list-style-type: none"> • 1 Chair • 1 Member from each Region <ul style="list-style-type: none"> ○ Mideast, Southeast, & West • 1 Industry Representative
Nutrition & Research Committee	<ul style="list-style-type: none"> • 2 School Nutrition Practitioners/Operators • 1 Member with University Foodservice Management Expertise • 1 Member University Nutrition Experience
Professional Development Committee	<ul style="list-style-type: none"> • 3 District Directors – 1 Member from each Region <ul style="list-style-type: none"> ○ Southwest, Mideast, Northeast • 1 Industry Representative
Public Policy & Legislation Committee	<ul style="list-style-type: none"> • 1 Member from each Region <ul style="list-style-type: none"> ○ Southeast, Midwest, West
Resolutions & Bylaws Committee	<ul style="list-style-type: none"> • 1 Member from each Region <ul style="list-style-type: none"> ○ Northeast, Mideast, Southwest, West
Membership Section Advisors	<ul style="list-style-type: none"> • 1 College Section Chair • 1 State Agency Chair
Industry Advisory Council	<ul style="list-style-type: none"> • 1 Distributor • 3 Food Companies • 1 Software Company • 1 Small Business

RETURN FORM BY: December 29, 2017

I. Name: _____ **SNA Membership #:** _____

SNA Certificate? Yes No

SNS Credential? Yes No

SNA Membership Category (please check one) District Director Major City Director

SN Manager SN Employee State Agency Director/Staff Educator Industry

SNA Region (circle one): Northeast, Mideast, Southeast, Midwest, Southwest, West, Northwest

School District/State Agency/Company: _____

Job Title/Position: _____

Office Address: _____

Office Phone: _____ **Cell Phone:** _____

Email: _____

II. Committee Preference: Operators, State Agency & Industry (please identify 1st, 2nd, 3rd choices)

____ Membership ____ Nutrition & Research ____ Political Action Committee

____ Professional Development ____ Public Policy & Legislation ____ Resolutions & Bylaws

Committee Chair Interest Yes Committee _____

Future Task Force Interest: Yes No

III. For Industry Only:

Industry Advisory Council Interest Yes No

Please Identify Industry Segment: ____ Food & Beverage Manufacturer ____ Broker

____ Equipment Manufacturer ____ Distributor ____ Technology/Software

____ Other: _____

____ Small Business (\$7m or less in annual receipts)

1. List your national association experience (committees, offices held etc...)

Year	Experience/Position

2. List your state association experience (committees, offices held etc...)

Year	Experience/Position

3. Other volunteer experience (committees, elected offices held etc...)

Year	Experience/Position

4. List your skills, interests and experiences that you believe are relevant to your preferred committee(s) or the Industry Advisory Council:

5. Why do you want to serve on a SNA committee or the Industry Advisory Council?

We will soon begin posting our current national committees and advisory councils on www.schoolnutrition.org and this will include a photo of each committee/advisory council member. Beginning this year, we are asking you to send a professional quality portrait photo (digital photo of high resolution by email preferred, head shots only, business attire, plain backdrop). Please note that sending a photo is optional.

Since your preferences may change over time, we ask that you please fill out a new interest form each year.

Please return this form to:

Deborah Van Balen

By email: dvanbalen@schoolnutrition.org

Or

By fax: 301-686-3115

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December 29, 2017**

SNA Office Use Only: Verification

Membership Current: Yes No

Membership Category: _____

Certificate/Credential: _____