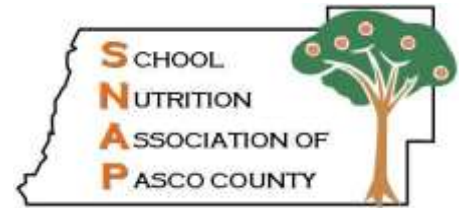


S.N.A.P. Membership Application

2015-2016



Name: _____

School Name _____

Home Address: _____

Member ID Number _____

Preferred Phone: _____

E-Mail Address _____

Current Employee

- | | |
|---|--|
| <input type="checkbox"/> District Office/Administration | <input type="checkbox"/> Assistant (more than 4 hours daily) |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Assistant (less than 4 hours daily) |
| <input type="checkbox"/> Assistant Manager | <input type="checkbox"/> Sustaining Industry Partner |
| <input type="checkbox"/> Production Assistant | <input type="checkbox"/> Retired Employee-Associate |

Indicate below method of payment and mail this application and payment to:

J.W. Mitchell High School

Attn: Rose Marie Aiello

2323 Little Road

New Port Richey, Florida 34655

For questions call: (727)774-9278 or cell (727) 389-6378

S.N.A.P. Membership Payment

Yearly membership local dues: \$5.00

- Cash
- Check (payable to S.N.A.P.)

District Use Only

Received: _____