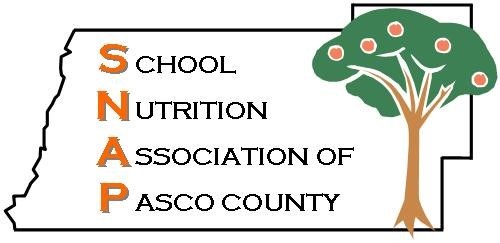
S.N.A.P. Membership Application



**2021-2022**

Name:

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employee

* District Office/Administration
* Manager
* Assistant Manager
* Production Assistant
* Assistant (more than 4 hours daily)
* Assistant (less than 4 hours daily)
* Sustaining Industry Partner
* Retired Employee-Associate

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

Centennial Elementary Cafeteria

Attn: Elizabeth Huffman

38501 Centennial Road

Dade City, FL 33525

For questions call: (813) 794-5078, (727)774-5078, (352) 524-5078

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.N.A.P. Membership Payment    Yearly membership local dues: $5.00   * Cash * Check (payable to S.N.A.P.) * Square  |  |  |  |  |  | | --- | --- | --- | --- | --- | | District Use Only |  |  |  | Received: | |