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

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

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| --- | --- | --- | --- | --- |
| District Use Only  |   |   |  | Received:  |

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