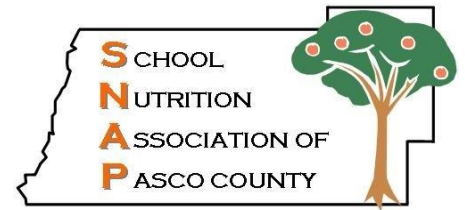


# S.N.A.P. Membership Application

2017-2018



Name: \_\_\_\_\_

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

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

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:

Donna Braxton  
Centennial Middle School  
38505 Centennial Road  
Dade City, FL 33525  
[dbraxton@pasco.k12.fl.us](mailto:dbraxton@pasco.k12.fl.us)

For questions call: (352-524-9778)

## S.N.A.P. Membership Payment

Yearly membership local dues: \$5.00

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

District Use Only

Received: \_\_\_\_\_