

**NEBRASKA SCHOOL NUTRITION ASSOCIATION  
100% MEMBERSHIP AWARD APPLICATION**

Name of School: \_\_\_\_\_

District #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Name of School Nutrition Services Manager: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Number of regular nutrition services employees in the unit: \_\_\_\_\_

Name of ALL regular members in the unit:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

*(for additional names, list on separate sheet & attach)*

Signed: \_\_\_\_\_

**Manager, Nutrition Services Date**

**INSTRUCTIONS:** To qualify for the NSNA 100% Membership Award, all regular\* nutrition service personnel in the unit must be a current member of the School Nutrition Association. The official SNA membership roster as of June 1<sup>st</sup>, of current year will be used as proof of membership.

One application per school shall be completed and mailed to the state membership chair: (postmarked on or before June 1<sup>st</sup>)

Nebraska SNA

PO Box 45527

Omaha, NE 68145-0527

\*regular employment is defined as 20 or more scheduled hours a week.

\*\* please call/ email 402-944-2114/ or email karee.nielsen@agps.org with questions pertaining to this application

**Check One:**

\_\_\_\_\_ : Certificate and Seal (if you have not previously received framed certificate)

\_\_\_\_\_ : Seal Only (to be placed on framed certificate)