SCHOOL NUTRITION ASSOCIATION OF SOUTH DAKOTA

Industry Member Application

Membership Information

Business Name: _____

Contact Name(s):_____

Address: _____

City:_____ State:_____ Zipcode: _____

Email: _____

Website: _____

Annual Membership Cost

_____ Industry Member, $160/member

Member Name: _____

Member Name: _____

Member Name: _____

Member Name: _____

Member Name: _____

Total:_____

Checks can be sent to:

School Nutrition Association of South Dakota
106 W Capitol, Suite 4
Pierre, SD 57501

Katie Sieverding
(605) 280-1604
katie@lancastermanagementgroup.com

Thank you for supporting the School Nutrition Association of South Dakota!
www.snasd.org