Print Form

School Nutrition Association of Michigan

AFFILIATE CHAPTER MEMBERSHIP LIST

Membership Year Beginning June 1, 20____

Name of Affiliate Chapter:_____

Area:____Total Number of Members:_____ SNA/SNAM Members:_____

Three copies of this report, one for the SNAM Affiliation Chair, one for the Area Representative, and one for the SNAM state office are due not later than **December 1**.

Please Print				SNA/SNAM Mem. No.
Name:				
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