



# Texas Association for School Nutrition Positional Membership Form

[www.TASN.net](http://www.TASN.net)

If you pay TASN for your state dues, do not also pay them to SNA

**\*Positional membership – ISD purchases a block of numbers.**

Positional memberships are to be paid by an ISD purchasing a block of numbers. The ISD will fill out this form, the remittance form, and send one check to TASN HQ's. All of the Positional members will have the same address, effective date and the same expiration date. All renewal forms and information for Positional members will be sent to the ISD.

Circle one: **New Positional Member**                      **Renewal Positional**

ISD Name: \_\_\_\_\_ Area \_\_\_\_\_ County \_\_\_\_\_

ISD Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name for all positional memberships: \_\_\_\_\_

Contacts Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

*By supplying your email address you agree to receive communication (emails, newsletters, etc.) from TASN and TASN approved third parties.*

| Category: Please circle your title under the category section  | Quantity | *Positional    |
|--|----------|----------------|
| <b>Employee:</b> Cooks, Bakers, Bookkeepers, technicians, Assistants, etc.   |          | <b>\$25.00</b> |
| <b>Manager:</b> Managers, Head Cooks, Assistant Managers.  |          | <b>\$30.00</b> |
| <b>Supervisor:</b> Working in the foodservice program at the school district level.                                    |          | <b>\$45.00</b> |
| <b>Director:</b> Working in the foodservice program at the school district level.                                      |          | <b>\$45.00</b> |
| <b>Students:</b> Full-time students enrolled in a Texas college/university foodservice, nutrition, or dietary program. |          | <b>\$12.00</b> |

**\*Please answer the following required questions:**

- Is your salary paid by a management company?                       Yes     No
- Do you make purchasing decisions for your district or organization?                       Yes     No

Signature of Contact person: \_\_\_\_\_

**Payment Information:**

Credit Card type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Check #: \_\_\_\_\_

**Total Amount: \$** \_\_\_\_\_

**Please return payment and form to:**

**TASN, 4130 Spicewood Springs Rd., Ste. 201, Austin, TX 78759**

**Toll Free: 800-444-5189 Fax: 512-371-0125**

*Revised 1/9/2019*