



# Texas Association for School Nutrition

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

## (Individual or Company) Industry Membership Application Form Professional Service Provider Application Form

**Check one:**    New Member   or    Renewal

**Member Number:** \_\_\_\_\_

**Personal Information:** (Please print and complete information on this form. Only completed forms will be processed.)

**Company Name:** \_\_\_\_\_

**Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Ste. #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

<b>Professional Service Provider Membership</b> \$125.00	<b>Professional Service Provider Membership is for:</b> Individuals who are employed in a for profit business providing services. (Includes retired ISD Professionals that are now Consultants.)
<b>Individual Industry Membership</b> \$150.00	<b>Individual Industry Membership is for: One Industry person.</b>
<b>Company Industry Membership</b> (Three transferable Memberships) Please list the two additional names and contact information. \$350.00	<p><b>Name:</b> _____ <b>Member #:</b> _____</p> <p><b>Street:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p><b>Email:</b> _____ <b>Phone:</b> (_____) _____</p> <p><b>Name:</b> _____ <b>Member #:</b> _____</p> <p><b>Street:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p><b>Email:</b> _____ <b>Phone:</b> (_____) _____</p>

**Industry Members - Per the TASN bylaws are: Vendors who provide goods and services to self operated school nutrition programs and who are interested in furthering the purpose of TASN; they shall not be employed in an ineligible field.**

**Industry Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Information:** For TASN use only.    Credit Card type: \_\_\_\_\_    Check #: \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Billing Address:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_ **Total Amount:** \$ \_\_\_\_\_

**Please return payment and membership form to:**

**TASN, 5910 Courtyard Drive, Suite #230, Austin, Texas 78731**

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

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