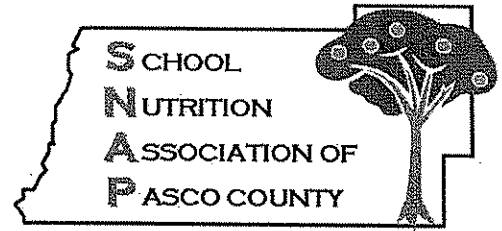


S.N.A.P. Membership Application



Name: _____ School: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Current Employee

- District Office/Administration
 - Manager
 - Assistant Manager
 - Production Assistant
 - Assistant (more than 4 hours daily)
 - Assistant (less than 4 hours daily)-Affiliate Member
- Retired Employee-Associate Member

Indicate below method of payment and mail this application and payment to:

FNS-District Office
Attn: Marilyn Burgess
7227 Land O'Lakes Blvd
Land O'Lakes, FL 34638

For questions call: (813) 794-2917, (727)774-2917, (352) 524-2917

S.N.A.P. Membership Payment

Yearly membership local dues: \$4.00 (due each September)

- Cash
- Check (payable to S.N.A.P.)

District Use Only

Received: _____