

GSNA NAC STATE AFFILIATION FORM

NUTRITION ADVISORY COUNCIL GEORGIA

All NAC groups must re-affiliate each year.

If you are applying for the NAC of the year you MUST re-affiliate by **October 1st**.

Check one: ☐ New Chapter ☐ Re - Affiliation

Name of council _____

Name of school _____

Address of school _____

Telephone number of school _____

GSNA Local Chapter name and District _____

Name, address and e-mail of Sponsor(s) or Advisors

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

How many students are in your council? _____

Please give the names of officers for the current school year

President _____

Vice President _____

Secretary _____

Treasurer _____

Other _____

List three projects you hope to participate in this year

1. _____
2. _____
3. _____

What kind of resources does your NAC need to become more effective?

Send To: GSNA
2372 Main St.
Tucker, Georgia 30084-4456