

**DISTRICT CHAPTER APPLICATION FOR
AFFILIATION WITH
THE GEORGIA SCHOOL NUTRITION ASSOCIATION**

This Affiliation Application is for:

District Number _____

Check One: Renewal _____ Re-affiliation _____ New _____

Number of District meetings _____ District Dues _____

Membership Goal is to increase district membership by _____ # new/reinstated members.

Meeting Dates	Program Topics Planned
Systems in this Chapter	School System Director

ATTACH A COPY OF THE CURRENT BY-LAWS IF NOT ON FILE.
Send to State GSNA Headquarters office. **Postmark Deadline: October 1st.** (December 2 if not applying for awards.)

Date Submitted _____

District President _____

Address _____

Phone: _____