

**School Nutrition Association of North Carolina
Candidate Data for Office or Committee**

Please indicate office or committee of interest: _____

Personal

Name: _____

Home Address: _____

Telephone: Work: _____ Home: _____ Cell: _____
Area Code Area Code Area Code

Current Position: _____

School Unit: _____

E-mail: _____

Professional Requirement Qualifications

* SNA-NC beginning membership date: _____

* SNA Certified/Credentialed: Yes _____ No _____

* Chapter Name: _____ District: _____

* Vice President candidates must have served on the Executive Board, served on a state committee or advisory board within the past three years, and been a member for the three years preceding the nomination. If that is applicable, please indicate years and position:

List any previous SNA-NC committees, other duties or offices, or Executive Board involvement.

Describe the most important contribution you have made toward the success of your local chapter (SNA-NC).

Please return to: **The Leadership Development/Awards Chair:**

Alison Francis
5855 Crabtree Road
Clyde, NC 28721
Phone: 828-627-1150
Email: afrancis@haywood.k12.nc.us