



NANASP MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION (\$185 PER YEAR)		
SEE SECOND PAGE FOR ADDITIONAL MEMBER INFORMATION (UP TO 5) AT NO ADDITIONAL CHARGE		
Name:	Referring NANASP Member:	
Title:	Credentials:	
Agency/Organization:		
Type of Organization: <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit <input type="checkbox"/> Division of Government <input type="checkbox"/> Tribal Government Entity <input type="checkbox"/> Part of a Council/Regional Planning <input type="checkbox"/> Educational Institute Other _____		
Current Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:

PROGRAM INFORMATION	
How many CONGREGATE meals does your program serve annually?	
How many HOME DELIVERED meals does your program serve annually?	
What is your annual budget for nutrition programs?	\$
Are you a single purpose agency or multipurpose agency?	

Agency Operations		
<input type="checkbox"/> Contracts w/Caterer	<input type="checkbox"/> Own/Operates Kitchen	Number of Vehicles _____
Number of Staff Members _____	Number of Volunteers _____	Number of Congregate Locations _____

My Program receives funding from the following sources: (check all that apply)		
<input type="checkbox"/> Federal (OAA, NSIP, SNAP, etc.)	<input type="checkbox"/> State Government	<input type="checkbox"/> Local Government
<input type="checkbox"/> Client Contributions (Voluntary)	<input type="checkbox"/> Private Pay	<input type="checkbox"/> Other

What other National/State associations are you a member of?
What Conferences do you regularly attend?

PAYMENT INFORMATION	
Name:	
I have enclosed a check for OR Please charge my:	MC VISA AMEX <i>(Please circle)</i> \$
Credit Card Number:	Exp. Date
Name on Card:	
I authorize NANASP to process the above noted request in accordance with the appropriate credit card rules and regulations governing it.	
Signature:	

FOR NANASP USE ONLY	
Application Received Processed By:	Date:
Membership Number:	

PLEASE RETURN MEMBERSHIP APPLICATION WITH PAYMENT TO:
NANASP • 1612 K STREET STE 400 • WASHINGTON D.C. • 20006
(202) 682-6899 PHONE • (814) 286-3953 FAX • SCARLSON@NANASP.ORG



NANASP MEMBERSHIP APPLICATION FORM-CONTINIUED

ADDITIONAL MEMBER INFORMATION (UP TO 5) AT NO ADDITIONAL CHARGE
PLEASE COMPLETE THIS SECTION OR EMAIL CONTACT INFORMATION TO SCARLSON@NANASP.ORG

Name:

Title:

Credentials:

Agency/Organization:

Current Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Name:

Title:

Credentials:

Agency/Organization:

Current Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Name:

Title:

Credentials:

Agency/Organization:

Current Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Name:

Title:

Credentials:

Agency/Organization:

Current Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Name:

Title:

Credentials:

Agency/Organization:

Current Address:

City:

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