



# SCHOOL NUTRITION ASSOCIATION OF PENNSYLVANIA

## *SCHOOL DISTRICT APPROVAL*

SNAPA requires that you obtain the approval of your School District/ Superintendent/Business Manager to serve on the SNAPA Board of Directors. The individual approving your candidacy acknowledges that a member of the SNAPA Board of Directors has a specific time commitment that includes on-site participation in a minimum of two, one-day/overnight meetings each year, attendance at the SNAPA Annual Conference for a period of at least five (5) days during the summer months, committee meetings, numerous daytime conference calls, e-mail activity, and other volunteer work during normal business hours that will generally be conducted outside the individual's work school district.

*Signature of School District Official* \_\_\_\_\_

*Print Name of School District Official* \_\_\_\_\_

*Title of School District Official* \_\_\_\_\_

*Date* \_\_\_\_\_

By submitting this Questionnaire, you acknowledge that you have received a copy of SNAPA Bylaws and Policies and are prepared to support the policies of the School Nutrition Association of Pennsylvania.

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*Candidate's Signature*

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*Date*