



**CTSFSDA**  
MEETING THE CHALLENGES

Central Texas  
School Food Service  
Directors Association

**Membership Enrollment Form**

*\*Please make checks payable to C.T.S.F.S.D.A.*

**\*\* Credit Cards – request an invoice be emailed to you to pay via PayPal**

**New Member**  
Recruited by: \_\_\_\_\_

**Renewal**

School Year: 2023-2024

**Personal Information:** *(Please print/type and complete ALL information)*

Name: \_\_\_\_\_  
Last First Middle

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Member Dues:** Please remit your annual membership dues of **\$25.00** by **December 15<sup>th</sup>**  
*(All memberships received after this date will not qualify for Association scholarships).*

**Current Position:** *(please check one)*

- Director  Operations Manager  
 Assistant Director  Other: \_\_\_\_\_  
 Supervisor

Is your membership:  Positional or  Individual

Is your salary paid by a management company?  Yes or  No

Do you make purchasing decisions for your district or organization?  Yes or  No

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make your check payable to: **CTSFSDA**  
**Mail form and payment to new remittance address:**  
**PO Box 185**  
**Seguin, TX 78156**

To pay using credit card or PayPal email: [ctsfda@gmail.com](mailto:ctsfda@gmail.com)  
 Then email registration form (with payment to follow)

**Payment information: For CTSFSDA Treasurer Use Only**

Date Payment Received: \_\_\_\_\_ PayPal: \_\_\_\_\_ Check #: \_\_\_\_\_ Total Amount Paid: \$ \_\_\_\_\_