



CTSFSDA
MEETING THE CHALLENGES

Central Texas
School Food Service
Directors Association

Membership Enrollment Form 2023-2024

**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

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 15th**
(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: _____

How will you be making payment? **PayPal:** _____ (secured link will be sent to you) **Cash** _____ **Check #:** _____

Please make your check payable to: **CTSFSDA**

Mail form and payment to remittance address:

PO Box 185

Seguin, TX 78156

Payment information: For CTSFSDA Treasurer Use Only

Date Payment Received: _____ PayPal: _____ Cash/Check #: _____ Total Amount Paid: \$ _____