

Name:		Areas of Interest: What can NPA do to help your organization? Are you willing to be a committee member upon board request? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Email:		

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Please fill out form completely, with a check or money order payable to:
CACFP National Professional Association
FEIN: 45-0440145

Send form and check/money order to:
NYS DOH DON Child & Adult Care Food Program
ATTN: Sheri Alberti
150 Broadway, Suite 650
Albany, NY 12204