



Membership Information Request

Name of Organization: _____

Physical Address: _____

County in Which Organization is Located: _____

Type of Food Service Provided by Organization: Please Check all that apply

Emergency Food Pantry (# families served/month = _____)

Soup Kitchen (# meals served/month = _____)

Residential Facility (# residents = _____)

Snack Program (# individuals served/month = _____)

Other (please describe below) (# of individuals served/month = _____)

Frequency of Distribution: Daily Weekly Monthly Other: _____

Day(s) of Week on which you operate: _____

Hours of operation: _____

Areas served by your Organization: _____

Year in Which Organization began providing each Food Service: _____

Other relevant information you would like to share about your food distribution program:

Name of Primary Contact: _____

Contact Email Address (**Required**): _____

Contact Phone #: _____

The minimum requirements for membership with the food bank include IRS tax exemption (501 (c) 3 or church status), possession of valid liability insurance, and permission from your Board of Directors to participate with the food bank. Please ensure you can document and prove all of the above. **Please Note:** There is a waiting list for new Members in several of our service area Counties. Please contact our Agency Relations Department regarding which Counties currently have a waiting list.