



## Membership Application

### SECTION I: GENERAL INFORMATION

Name of Agency: \_\_\_\_\_

Tax ID / EIN Number: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Mailing/Billing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Director of Organization: \_\_\_\_\_

Phone (w): \_\_\_\_\_ Phone (m): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Person/Pantry Manager: \_\_\_\_\_

Phone (w): \_\_\_\_\_ Phone (m): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent and/or Affiliate Organization: \_\_\_\_\_

Tax ID / EIN Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Please describe your general program below (or attach agency brochure).

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What are your funding sources? \_\_\_\_\_

When did/will you begin providing services described above? \_\_\_\_\_

## SECTION II: FOOD DISTRIBUTION PROGRAM INFORMATION

Choose which type of food distribution best describes your program. Please check all that apply.

\_\_\_A. **Food Pantry:** Providing groceries to neighbors in need of food assistance regularly or during hours of operation - usually in a brick-and-mortar location with proper food storage equipment and space.

\_\_\_B. **Direct Distribution:** Providing groceries to neighbors in need without storing products between receiving and distributing them, usually involving direct delivery to neighbors.

\_\_\_C. **Mobile Food Pantry:** Providing groceries to those in need on a recurring basis and typically distributing in bags or boxes to a line of recipients (walk-through or drive-through); proper food storage equipment and space required.

\_\_\_D. **On-Premises Feeding Programs:** Cooking and serving meals to neighbors in need (Day Care, Detox, Half-way homes, Group homes, Day Activities Programs, Soup Kitchens)

\_\_\_E. **Other:** Please Explain: \_\_\_\_\_  
\_\_\_\_\_

**Based on your selections above please fill out the following sections. You do not need to fill out sections that you did not select.**

### (A) FOOD PANTRY

1. Contact Person: \_\_\_\_\_
2. Approximately how many families do you serve on a monthly basis? \_\_\_\_\_
3. How do you determine eligibility? \_\_\_\_\_
4. Explain your record-keeping system for food distribution. \_\_\_\_\_  
\_\_\_\_\_
5. Do you have storage space for perishable and frozen food? \_\_\_\_\_ If yes, please describe:  
\_\_\_\_\_
6. Do you solicit donations from the people you assist? YES / NO
7. Do you require people to attend church services or work in exchange for food? YES / NO
8. May we refer individuals who call the Food Bank for food to your program? YES / NO
  - a. If Yes, what is the phone number for people to call your organization: \_\_\_\_\_
  - b. What days/hours is your pantry open to help people?: \_\_\_\_\_

**(B) DIRECT DISTRIBUTION**

1. Contact Person: \_\_\_\_\_
2. How often do you offer direct distributions? *Daily Weekly Monthly Other* \_\_\_\_\_
3. If you deliver food, do you have a regular or designated route you travel while distributing food? *YES/NO/N/A* Describe: \_\_\_\_\_  
\_\_\_\_\_
4. How do you determine who to deliver food to? \_\_\_\_\_  
\_\_\_\_\_
5. On average, how many individuals are served during each distribution? \_\_\_\_\_
6. Explain your record-keeping system for food distribution. \_\_\_\_\_  
\_\_\_\_\_

**(C) MOBILE FOOD PANTRY**

1. Contact Person: \_\_\_\_\_
2. How often do you host these pantries? \_\_\_\_\_
3. Approximately how many families do you serve on a monthly basis? \_\_\_\_\_
4. How do you determine eligibility to receive food? \_\_\_\_\_  
\_\_\_\_\_
5. Explain your record-keeping system for food distribution. \_\_\_\_\_  
\_\_\_\_\_
6. How do you advertise/let neighbors know about your distribution? \_\_\_\_\_
7. Do you solicit donations from the people you assist? *YES / NO*
8. Do you require people to attend church services or work in exchange for food? *YES / NO*
9. May we refer individuals who call the Food Bank for food to your program? *YES / NO*

**(D) ON-PREMISES FEEDING PROGRAM**

1. Contact Person: \_\_\_\_\_
2. How often do you prepare meals? *Daily Weekly Monthly Other*: \_\_\_\_\_
3. Which meals do you serve? *Breakfast Lunch Dinner Snacks*
4. What days do you serve meals? Circle all that apply. *S M T W Th F Sat*
5. On average, how many individuals are served per meal? \_\_\_\_\_
6. Do you charge for meals or additional services?? *YES / NO* If yes, how much? \_\_\_\_\_

## Additional Main Contacts

Agency Name: \_\_\_\_\_

Please list any additional contacts within your organization who will be authorized to make payments, place and pick up orders, and / or have access to your account with the Food Bank.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this application - we look forward to speaking with you!**

Please email your completed application to [members@foodbanknega.org](mailto:members@foodbanknega.org).

*A Food Access Coordinator will be reaching out to you soon with additional details and will be able to answer any questions you may have at that time.*