



A member of **FEEDING AMERICA**

FBNI USE ONLY

APPLICATION REC'D: ____/____/____

ACCEPTED | PENDING | REJECTED

APPLICATION FEE PAID _____

CHECK _____ CASH _____

Revised 2-27-13

P.O. Box 11365, South Bend, IN 46635
Phone: 574-232-9986 | 800-879-7040 | Fax: 574-232-0143
www.feedindiana.org

APPLICATION FOR MEMBERSHIP

U.S. Department of Treasury Internal Revenue Service (IRS) Letter of Determination of 501(c) (3) status or equivalent must be submitted with this application. Churches may submit 501(c) (3) letter or letter from denominational headquarters stating the church is in good standing. Independent / Non-denominational churches may qualify if additional criteria are met. Contact FBNI for more information. Incomplete applications cannot be accepted.

PARENT ORGANIZATION: _____

PARENT ORGANIZATION ADDRESS: _____

PARENT ORGANIZATION PHONE#: _____

AGENCY / PROGRAM NAME: _____

PROGRAM TYPE (Check all that applies):
 FOOD PANTRY - CLIENT CHOICE? YES NO
 SOUP KITCHEN GROUP HOME / SHELTER CAMP
 DAYCARE / YOUTH PROGRAM
 OTHER (Describe): _____

AGE RANGE OF CLIENTS: _____

OF YEARS IN OPERATION: _____ #SERVED PER MONTH: _____ AREA SERVED: _____

AGENCY PHYSICAL ADDRESS: _____

AGENCY MAILING ADDRESS: _____

AGENCY BILLING ADDRESS: _____

DIRECTOR OR PASTOR: _____

AGENCY MAIN CONTACT: _____

AGENCY PHONE#: () _____

ALTERNATE PHONE #: () _____ FAX#: () _____

CONTACT E-MAIL ADDRESS: _____

Upon review of the above information, FBNI will determine if your agency is qualified to become a Member Agency. Be sure to submit proof of 501(c) (3) status or equivalent to be considered for membership. Upon acceptance of the Application, an Agency Agreement must be signed by both the Agency and FBNI, an on-site inspection conducted by FBNI Agency Relations and completion of four step process before any food may be ordered from the Food Bank.

AGENCY DIRECTOR'S SIGNATURE: _____ Date: ____/____/____

AGENCY DIRECTOR'S PRINTED NAME: _____