



1611 Telegraph Ave., Suite 830
Oakland, CA 94612
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www.cafoodbanks.org

Standard Application for Associate Membership

(Please type or print clearly)

Part I. General Information

Organization Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____ Website _____

Mission Statement: _____

Professional/ Community Affiliations (Advisory Boards, Other Local, Regional and State Partnerships):

Name of Executive Director _____

Telephone _____ Email _____

Name of Board President _____

Telephone _____ Email _____

Associate Members of the California Association of Food Banks may be food distribution groups other than food banks; out-of-state food banks; anti-hunger advocacy groups; or other organizations working on hunger issues and the well-being of low-income people. Associate members must have 501(c)(3) non-profit status approved by the Internal Revenue Service. Associate members are not eligible to vote.

Part II. Fiscal/Administrative Information

Date of Incorporation: _____

Current Operating Budget: _____

Does this organization perform or intend to perform services related to Food Stamps outreach or education? Yes No

Does this organization perform or intend to perform services related to nutrition education?
 Yes No

Has the Internal Revenue Service (I.R.S.) determined that this organization is tax exempt under section 501(c) (3) of the I.R.S Code? Yes No

Please attach:

- _____ Proof of I.R.S. 501(c) (3) status
- _____ Most recent financial audit or annual financial compilation
- _____ List of Board of Directors and Affiliation
- _____ Board Minutes (from one Board meeting, preferably the most recent one)
- _____ Brochure or other marketing materials, if available

Part III. References

Please provide 2 references from other non-profits or government agencies you partner with to support your application.

Contact Name _____

Relationship _____

Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____ Website _____

Contact Name _____

Relationship _____

Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____ Website _____

By our signatures, we certify that the information contained in this application is correct. Any changes to this information will be supplied in writing as soon as they occur.

Signature of Executive Director _____ Date _____

Signature of Board President: _____ Date _____