



Alberta Food Banks 2009 Member Application Form

Organization:

Mailing Address:

Physical Address:

Food Bank Phone:

Food Bank Fax:

Food Bank Email:

Food Bank Website:

Federal Charity Number:

Main Contact

Name:

Title:

Phone: (Work)

(Home)

(Cell)

Email:

Secondary Contact

Name:

Title:

Phone: (Work)

(Home)

(Cell)

Email:

AFBNA Voting Representative

Name:

Title:

Phone: (Work)

(Home)

(Cell)

Email:

Food Bank Hours of Operation

Please enclose the applicable annual membership fee based on the fee scale below.

Operating Budget	Membership Fee
Up to \$30,000	\$25.00
\$30,001 to \$100,000	\$50.00
\$100,001 to \$250,000	\$100.00
Over \$250,000	\$400.00

We hereby apply for membership in the Alberta Food Bank Network Association and agree to adhere to the Bylaws, Code of Ethics and Food & Safety Guidelines, as set out by the Association.

Authorized Signature _____ **Date** _____

Please return completed application form and associated paperwork to the Alberta Food Banks office.

Physical Address
11508 120 Street
Edmonton, AB
T5G 2Y2

Alberta Food Banks
Phone: 866-251-2326 (Toll-Free)
Phone: 780-488-9719 (Local Edmonton)
Fax: 780-488-9716
Email: contact@afbna.ca
Web: www.afbna.ca

Mailing Address
PO Box 62061
Edmonton, AB
T5M 4B5

Please respond to the questions below and include with your Application Form. Thank You.

Your organization must be a federally registered charity and have been in operation for one full year to apply for full membership in the Alberta Food Bank Network Association (other membership levels are available). Please ensure your Federal Charity Number is included on the application form.

Date your organization began operation: _____

Who is responsible for making decisions pertaining to your food programs? (i.e. Board of Directors, Program Coordinator)

On average, how many hampers or households per month receive help?

Hampers: _____ Households: _____ Adults: _____ Children: _____

Do you have a meal program? Yes _____ No _____

If yes, how many meals do you serve in an average week? _____

Please describe the storage capacity in your Food Bank (i.e. number of coolers, number of freezers, means of dry storage, etc.): _____

Are you able to arrange transportation to pick up food? Yes _____ No _____

Do you have to pay for this transportation? Yes _____ No _____

Please add any pertinent details regarding your ability to pick-up/receive food. _____

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If your Food Bank has specified geographic boundaries (your service area), please describe them:

Does your Food Bank provide any other programs? If so, please describe them.

Briefly describe your organization's primary goals and objectives (include your mission statement):

To be a member of Alberta Food Banks you must adopt the Food Banks Canada Code of Ethics and the Food & Safety Guidelines.

Date of Adoption: _____

Please include the following documents with your Member Application:

- Current Listing of Board of Directors
- Copy of Board minutes indicating approval for submission of Alberta Food Banks Member Application.
- Copy of Board minutes stating when your organization officially adopted the Food Banks Canada Code of Ethics and Food & Safety Guidelines.
- Any Annual Reports, brochures or newsletters pertaining to the work of your Food Bank.

Thank you for taking the time to complete this application. Please return it to the Alberta Food Banks mailing address. Do not hesitate to contact our office should you have any questions.

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