



# Member Agency Update Form

## Organization Information – Main Office

Member Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Contact Information Please check if all contacts are the same as director

Agency Director: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Business Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Food Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Business Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Business Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Program Site Information Please check if all physical addresses are confidential

(Fill out only if the organization provides food at multiple sites)

**Site #1** Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Site phone number: \_\_\_\_\_

New  Existing Program Type \_\_\_\_\_ Date Program Created \_\_\_\_\_

**Site #2** Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Site phone number: \_\_\_\_\_

New  Existing Program Type \_\_\_\_\_ Date Program Created \_\_\_\_\_

## Online Shoppers (Please list the users that are authorize to place an order for your agency)

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

## General Information

Service areas served (Zip codes, city, school districts, etc.)

Product pickup or delivery (Circle appropriate day) \*Ask if you're eligible for rural delivery

Tuesday	Wednesday	Thursday	Rural County Delivery:
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Days and Hours of operation (insert appropriate time ranges or circle 24/7)

Days	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Appt only	24/7
AM									
PM									

For office use only	Initials: _____	Date of Last MV: _____	501(c)(3) Status: _____
Agency Number: _____		Region Code: _____	Date Member joined: _____
Program Number(s): _____		Program Code(s): _____	Agency Type: Onsite / Pantry / Both