

Please Note:

Due to the increasing need for emergency food assistance, we are currently experiencing a high volume of requests for membership. As such, it may be 8-10 weeks before you receive a response from our Agency Relations Team. Thank you for your patience.



Second Harvest Food Bank of Northwest NC
3655 Reed Street
Winston-Salem, NC 27107
www.hungernwnc.org

Request for Membership

Date of Request: _____

Name of Organization: _____

Mailing Address: _____

Physical Address (if different): _____

County: _____

Program Director/Pastor: _____

Contact Person (if different from Director/Pastor): _____

Contact Phone: Office: _____ Home: _____ Cell: _____

E-mail: _____

Type of Facility (i.e., church, group home, day care, etc.): _____

Type of Feeding Program(check one below):

On-Site () Emergency Box () Other ()

Organization 501(c)(3) Tax-Exempt? Yes () No () Unsure ()

Additional Information About Organization:

Number of Staff or Members (if church): _____

Number of Clients Served Per Month (estimate, if necessary): _____

Age Range of Clients Served: _____

Year Organization Established: _____

Funding (Please describe the amount and sources of funding available to your program):

Brief Description of Program: _____

How Did You Hear About the Second Harvest Food Bank of Northwest N. C.?

For Food Pantries ONLY:

Have you contacted other churches/agencies with Emergency Food Pantries in your area to assess the need for another program? Yes No

If YES, please list the names of these organizations and explain what was discussed and determined.

Please complete and fax to Nikki Cook, Agency Relations Manager, (336) 784-7369