

ORGANIZATION INFORMATION

This information will be used on the Food Banks Alberta website.

RR0001

ORGANIZATION NAME*		CRA REGISTERED CHARITY NUMBER*	
PHYSICAL ADDRESS*		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	
CITY*	PROVINCE*	POSTAL CODE*	
	@	@	
WEBSITE	FOOD BANK FACEBOOK	FOOD BANK TWITTER	
FOOD BANK TELEPHONE*	FOOD BANK FAX	FOOD BANK EMAIL*	
HOURS OF OPERATION*			

KEY CONTACT INFORMATION

MAIN CONTACT INFORMATION—PLEASE PRINT CLEARLY

The main contact should be the person that all communication from Food Banks Alberta is directed to.

TITLE*	FIRST NAME*	LAST NAME*
CONTACT EMAIL (IF DIFFERENT FROM ABOVE)*		CELL PHONE

SECONDARY CONTACT INFORMATION—PLEASE PRINT CLEARLY

Please include secondary contact information for any staff or board members that wish to be subscribed to receive member updates and newsletters.

TITLE*	FIRST NAME*	LAST NAME*
CONTACT EMAIL (IF DIFFERENT FROM ABOVE)*		CELL PHONE

MEMBERSHIP FEE

Based on scale below, as per most recent HungerCount data

NUMBER OF PEOPLE SERVED MONTHLY	MEMBERSHIP FEE
Up to 200 people	\$50.00
201 to 1,000 people	\$100.00
1,001 to 5,000 people	\$200.00
5,001 to 10,000 people	\$500.00
Over 10,000 people	\$1,000.00

ADDITIONAL ORGANIZATION INFORMATION

Please update below **ONLY** if the following information has changed/updated since last renewal.



1. Please describe the food storage capacity of your organization (ie. number of coolers, freezers, etc.)

2. Are you able to arrange transportation to pick up food? Yes No
3. Do you have to pay for this transportation? Yes No
4. Number of current paid staff _____ Full-time (30+ hours weekly) _____ Part-time (< 30 hours weekly)
5. Number of active volunteers _____ In the food bank _____ Events/other activity assistance
6. More details about volunteers, if required.

7. Population of the community your located in _____ Population of service area _____

PAYMENT INFORMATION

Please include your preferred method of payment in the space provided below. *

<input checked="" type="checkbox"/>	PAYMENT TYPE		
<input type="checkbox"/>		CREDIT CARD/CHEQUE NUMBER	EXPIRY DATE (MM/YY)
<input type="checkbox"/>			
<input type="checkbox"/>	Cheque Enclosed	CARDHOLDER NAME (AS SEEN ON CARD)	CSV
<input type="checkbox"/>	Invoice		
		EMAIL RECEIPT/INVOICE TO	

By completing and signing this form, we hereby apply for an annual membership in Food Banks Alberta and we agree to adhere to, Food Banks Canada's Ethical Foodbanking Code (page 4) and the Safe Food Handling Guidelines.

 DATE SIGNED*

 AUTHORIZED SIGNATURE*

Please return the completed membership form and all required documents **by February 28, 2019** to:

Tamara Hudson
 Membership Coordinator
 By Email: members@foodbanksalberta.ca
 By Fax: (780) 459-6347
 By Mail: 30-50 Bellerose Drive, St. Albert, AB T8N 3L5

Should you have any questions or concerns please do not hesitate to contact the office at 780-459-4598.

CATEGORIES OF MEMBERSHIP

Solely for the purpose of determining the manner in which a voting member may receive distributions of food or otherwise benefit as a recipient of Food Banks Alberta's charitable activities (and, for greater certainty, not for any purpose relating to corporate governance, including without limitation any purpose relating to the right to participate and vote in members meetings), Food Banks Alberta shall place each voting member into one of the following categories:

Full membership

A voting member who (i) is in operation and has been engaged in operations for at least one year, (ii) is incorporated or organized as a not-for-profit corporation, company, society or other organization with an independent legal personality, and (iii) is registered as a registered charity.

Associate membership

A voting member who (i) is in operation and has been engaged in operations for at least one year, and (ii) is incorporated or organized as a not-for-profit corporation, company, society or other organization with an independent legal personality.

Provisional membership

A voting member who does not satisfy the requirements of full membership or associate membership.

Supporting membership

A non-voting corporation, individual or other interested association or organization.

If at any time a voting member who is categorized under full membership or associate membership ceases to satisfy the requirements for that status, the voting member shall be categorized under provisional membership.

There is also a category for supporting members (non-voting members). Such membership may be granted to corporations, individuals, and other interested associations in the discretion of the membership committee of Food Banks Alberta.

SUPPORTING DOCUMENTS

In order to be a member of Food Banks Alberta all members adopt the Food Banks Canada Ethical Foodbanking Code and adhere to the Safe Food Handling Guidelines.

Please include the following **required** documents with your application form. *

- Most recent food handling permit
- A copy of the signed Ethical Foodbanking Code from Food Banks Canada (refer to page 5)
- List of current board of directors
- Most recent annual report or financial statements

Please include copies of the following documents if your food bank has made any changes in the last 12 months:

- A copy of organizational bylaws
- A copy of organization's client intake form

THE ETHICAL FOODBANKING CODE

PREFACE

Food Banks Canada, its Members (provincial associations), affiliate member food banks and associated agencies believe that everyone in Canada has the right to physical and economic access, at all times, to sufficient, safe and nutritious food which meets their dietary needs and food preferences.

THE ETHICAL FOODBANKING CODE

Food Banks Canada, its members (provincial associations), affiliate member food banks and associated agencies will:

1. Provide food and other assistance to those needing help regardless of race, national or ethnic origin, citizenship, colour, religion, sex, sexual orientation, income source, age or mental or physical ability.
2. Treat all those who access services with the utmost dignity and respect.
3. Implement best practices in the proper and safe storage and handling of food.
4. Respect the privacy of those served, and will maintain the confidentiality of personal information.
5. Not sell donated food.
6. Acquire and share food in a spirit of cooperation with other food banks and food programs.
7. Strive to make the public aware of the existence of hunger, and of the factors that contribute to it.
8. Recognize that food banks are not a viable long-term response to hunger, and devote part of their activities to reducing the need for food assistance.
9. Represent accurately, honestly and completely their respective mission and activities to the larger community.

FOOD BANK NAME*

FOOD BANK REPRESENTATIVE NAME*

DATE SIGNED*

SIGNATURE*

DIRECT DEPOSIT OF PAYMENTS

The Food Banks Alberta Association is extending the option of Direct Deposit / Electronic Funds Transfer (EFT) to its members. Direct deposits allow for faster, more secure payments, not dependent on delivery of paper cheques.

To participate please complete and return this form with the required financial information.

Company Information:

Company Legal Name: _____

GST Business Number: _____

Contact Name: _____ Contact Phone: _____

Contact E-mail: _____

Financial Information

Please provide one of the following forms of financial information, insuring it includes name and address of financial institution, bank number, transit number and the full bank account number plus transit code.

_____ VOID Cheque – Must display your company legal name

_____ Letter from your Financial Institution

Authorized Representative:

I hereby consent to the collection and use of the above information for the purpose of facilitating electronic direct deposits. All information will be used only for facilitating EFT payments and will be kept confidential by Food Banks Alberta Association.

Name: _____ Signature: _____

Title: _____ Date: _____

REMIT THIS PAGE ONLY TO:

Email: accounting@foodbanksalberta.ca

Fax: to 780-459-6347