



Member Agency Renewal

The best way to stay current and make the most of your membership with York County Food Bank is to ensure we have the correct information on file for your agency and the programs you operate. Please use this form to notify us of changes as they occur. (Please use the back side of this form to update us with any new shopper information.)

Agency Name:	Effective Date:
Phone:	Email:

Please provide a phone number for the Food Bank and 211 to use for client referrals (optional). Please note, this number & email will be made available to the public.

Client Referral Phone Number:
Client Referral Email Address:

Main contact for your Food Bank account. The Coordinator is responsible for communicating between Food Bank & program's volunteers/staff.

Coordinator:	
Phone:	Email:

Mailing/Billing Address:

Physical/Site Address:

Hours (these are the hours your food program is operational):

Mon:	Tues:	Wed:	Thurs:
Fri:	Sat:	Sun:	

I hereby certify that the information provided is accurate.

Signature of Authorized Director

Date

Authorized Shopper Update

Please list all AUTHORIZED Shoppers. Any shoppers previously on file will be removed unless they are included. Please notify York County Food Bank, in writing, of all changes in Authorized Shoppers as soon as they occur.

Date: _____ Agency Name: _____

Shopper #1: _____	Shopper #4: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____
Shopper #2: _____	Shopper #5: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____
Shopper #3: _____	Shopper #6: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____

I hereby certify that the information provided here is accurate. Further, I guarantee that authorized shoppers have read and understand the Food Bank's policy on accessing product and are willing to adhere to them in the operation of our hunger relief program.

Signature of Authorized Program Director

Please return completed form by January 31st to:

Stacey Hof, York County Food Bank
254 West Princess Street, York, PA 17401
Fax: 717-843-3379, staceyh@yorkfoodbank.org

FOR OFFICE USE ONLY:	
<input type="checkbox"/>	Changes made in Primarius
<input type="checkbox"/>	Changes made on Website