



Cancellation of Membership Form

Agency Name: _____ Agency #: _____

This document acts as a formal request to terminate the membership agreement between the above agency and York County Food Bank. As a representative of the above agency, I understand that:

1. Once this termination is effective the above agency cannot receive product from York County Food Bank.
2. If the above agency wishes to rejoin York County Food Bank’s network, the above agency must re-apply by means of the formal application process and meet all new criteria for membership.
3. The above agency is liable for all debts incurred during membership with York County Food Bank, which must be paid in full prior to termination.
4. The above agency is responsible for returning all undistributed product and would receive a credit, if appropriate, upon termination of membership.

Please explain the reason for terminating membership:

Were clients referred to another program in the area? Yes No

If yes, please list the names of the programs:

Signature of Agency Representative

Date

Signature of Food Bank Staff

Date of Termination