



For Internal Use Only
 Membership Accepted _____
 Membership Denied _____
 Date: _____

MEMBERSHIP APPLICATION

Thank you for your interest in partnering with Mississippi Food Network (MFN). We will review applications and make determinations based on capacity and available resources.

Church or Non-Profit Organization Name: _____
 (If non-profit, please attach a copy of the 501(C)(3) Letter of Determination for Tax Exempt Status)

County _____ **Physical Address:** _____

City: _____ **State:** _____ **Zip Code** _____

Contact Person: _____ **Contact Phone:** _____

Contact Email Address: _____

Website: _____

Please circle Best Answer(s)					Additional Comments/Explanation
How many hours are you open per month ?	1-3 hrs	3-6 hrs	6-10 hrs	10+	
How long has your food distribution been open?	not open yet	1-3 yrs	3-5 yrs	5+	
How often can your guests visit the pantry?	1X/month	2X/month	1X/week	Daily	
How do you offer food?	Prepared Meals	Clients "shop" in pantry	pre-bagged food	Mobile Distribution	
What types of food do you offer?	Fresh produce	Dairy	Frozen meat	Cans/boxed goods	
How many households do you serve per month?	less than 50	50-100	100-150	150+	
Has your food ministry been operating CONSISTENTLY for 6 months or more?	YES	NO			
Is your food storage area able to be locked and secured?	YES	NO			

Is your food storage area climate controlled?	YES	NO			
Do you have shelving or other means to store food off the floor?	YES	NO			
Has your church or organization EVER partnered with Mississippi Food Network?	YES	NO			If YES, what year(s)?

How many freezers do you have? _____ Type: _____
 How many refrigerators do you have? _____ Type: _____
 Is your organization all VOLUNTEER staffed or is there paid staff? _____
 How many of each? Volunteer: _____ Paid Staff: _____
 What is the name of your pest control company? _____

How often do you have pest control treatment? _____

FUNDING

How much money do you spend on **food** for your pantry or soup kitchen each month? _____

Explain where the funds for food purchase comes from: (example: Church Budget Line Item, Grants, Donations). Please provide a Budget of your last 6 months of operations (attach a separate document). Please describe your food distribution operation (attach additional sheet if necessary).

SOURCES OF FOOD:

If you are utilizing donated foods for your distributions, where are the donations coming from and how often are donations received?

Submitted by: _____
 Signature of Authorized representative Title Date

Please email application to: rcopeland@msfoodnet.org.