



1624 Franklin Street, Suite 722  
Oakland, CA 94612  
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www.cafoodbanks.org

## Membership Application

(Please type or print clearly)

### Part I. General Information

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Mission Statement: \_\_\_\_\_

Professional/ Community Affiliations (A2H, CAP, Advisory Boards, Other Local, Regional and State Partnerships):  
\_\_\_\_\_  
\_\_\_\_\_

Name of Executive Director \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of Board President \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Part II. Membership Information

This organization is applying for membership in the following category:

\_\_\_\_\_ Food Bank (see below)    \_\_\_\_\_ Associate Member (see below)

A **Food Bank Member** is a non-profit corporation with incorporation accepted and approved by the State of California with 501 (c) (3) tax exempt status approved by the Internal Revenue Service and with 23701 (d) tax exempt status approved by the State of California; is in good standing with the Federal and State authorities governing non-profit organizations; and has a Board of Directors representing the community served. A Food Bank member does not primarily provide direct services of the type demonstrated by food pantries. The organization must on a daily basis solicit, receive, warehouse and distribute donated food within a defined service area, primarily (more than 50%) to a wide range of non-profit agencies that operate food assistance programs for low-income people, primarily (more than 50%) in California. The organization must also demonstrate a commitment to the principle of non-discrimination and demonstrate that they work collegially with other California food banks in furtherance of the Association's mission to build a well-nourished California. Food Bank members have all the duties and responsibilities of members outlined in the bylaws.

**Associate Members** are food distribution groups other than food banks as defined above (such as food pantries, kitchens and shelters); out-of-state food banks; anti-hunger advocacy groups; and other organizations working on hunger issues and the well-being of low-income people can apply to be an associate member. Associate members are not eligible to vote.

Please indicate your areas of interest in CAFB program areas:

- Farm to Family
- Food Stamp Outreach and Nutrition Education
- Public Policy
- Membership Training and Technical Assistance
- Other Specify \_\_\_\_\_

**For Associate Members Only:** Please provide a brief statement how your membership in CAFB will facilitate the furthering of the CAFB mission statement and activities.

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**Part III. Fiscal/Administrative Information**

Date of Incorporation: \_\_\_\_\_

Current Food Bank Operating Budget: \_\_\_\_\_

Has the Internal Revenue Service (I.R.S.) determined that this organization is tax exempt under section 501(c) (3) of the I.R.S Code?     \_\_ Yes    \_\_ No

***Please attach:***

- \_\_\_\_ Proof of I.R.S. 501(c) (3) status
- \_\_\_\_ Proof of California 23701(d) status
- \_\_\_\_ Most recent financial audit
- \_\_\_\_ List of Board of Directors and Affiliation
- \_\_\_\_ Board Minutes (copies of last three meetings)
- \_\_\_\_ Brochure or other marketing materials

**Part IV. Services /Operations Information (for Food Bank Members only)**

**Service Area:**

Please define the geographical area you serve \_\_\_\_\_

\_\_\_\_\_

**Amount of Food Distributed:**

Total Pounds Distributed in most recent fiscal year \_\_\_\_\_

- # of pounds distributed to Agencies \_\_\_\_\_
- # of pounds of fresh produce distributed \_\_\_\_\_
- # of pounds of EFAP commodities \_\_\_\_\_
- # of pounds of CSFP commodities \_\_\_\_\_
- # of pounds of locally donated food (non-produce) \_\_\_\_\_
- # of pounds of A2H donated food (non-produce) \_\_\_\_\_

**Food Programs Operated:**

- \_\_ Emergency Food Service Program (EFAP)
- \_\_ Commodity Supplemental Food Program (CSFP)
- \_\_ Senior Brown Bag Program
- \_\_ Child Nutrition (Summer Food Service Program (SFSP), Backpack, Kids Café)
- \_\_ Advocacy (Food Stamp Outreach and Nutrition Education)
- \_\_ Other Specify \_\_\_\_\_

**Food Storage Area:**

Cooler:

\_\_ Ft. X \_\_ Ft = \_\_ square feet (Length)(Width)

\_\_ Ft. Ceiling height

Number of pallet positions \_\_\_\_\_

Forklift accessible? \_\_

Pallet jack accessible? \_\_

Freezer:

\_\_\_ Ft. X \_\_\_ Ft = \_\_\_ square feet (Length) (Width)

\_\_\_ Ft. Ceiling height

Number of pallet positions \_\_\_

Forklift accessible? \_\_\_

Pallet jack accessible? \_\_\_

**Dry Storage Area:**

\_\_\_ Ft. X \_\_\_ Ft = \_\_\_ square feet (Length) (Width)

\_\_\_ Ft. Ceiling height

Number of total pallet positions \_\_\_

Number of racked pallet positions \_\_\_

**Warehouse Equipment**

Number of propane forklifts \_\_\_

Number of electric forklifts \_\_\_

Number of electric pallet jacks \_\_\_

Number of manual pallet jacks \_\_\_

**Transportation:**

Please indicate the type and number of vehicles you use for your programs. Specify pallet position capacity for each truck:

\_\_\_ Class A tractor

\_\_\_ Dry Trailer, specify length \_\_\_\_, lift gate? \_\_\_ Capacity? \_\_\_

\_\_\_ Refrigerated Trailer, specify length \_\_, lift gate? \_\_\_ Capacity? \_\_\_

\_\_\_ Class B straight truck – answer these questions for each truck:

\_\_\_ Length of bed

\_\_\_ Pallet capacity

\_\_\_ refrigerated?

\_\_\_ lift gate?

\_\_\_ Class C straight truck – answer these questions for each truck:

\_\_\_ Length of bed

\_\_\_ Pallet capacity

\_\_\_ refrigerated?

\_\_\_ lift gate?

\_\_\_ Cargo Van – answer these questions for each truck:

\_\_\_ Length of bed

\_\_\_ Pallet capacity

\_\_\_ refrigerated?

Do you use contract freight? \_\_\_ Yes \_\_\_ No

Please attach:

\_\_\_ County Health Certificate

\_\_\_ State Health Certificate

**Part V. References**

Please provide 2 references from other non-profits or government agencies you partner with to support your application.

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

By our signatures, we certify that the information contained in this application is correct. Any changes to this information will be supplied in writing as soon as they occur.

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Board President: \_\_\_\_\_ Date \_\_\_\_\_