



FY 2009 New Member Membership Form

Please complete and return this form by September 1, 2008. Return completed form to:
Alaska Food Coalition Manager
C/o Food Bank of Alaska
2121 Spar Avenue
Anchorage, AK 99501

In order to help The Alaska Food Coalition keep its records current, please complete all information. This will enable all of us in the anti-hunger community to stay in contact. Thank you!

Name of Agency: _____

Primary Contact for the AFC: _____

Job Title of Primary Contact: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

Email*: _____

Website: _____

Type of Agency: Tribe Community Center Senior Center Church Nonprofit Treatment Center
 Shelter Municipality State or Federal Agency Other: _____

Programs Offered: Pantry Soup Kitchen Meals TEFAP CSFP FDPIR CACFP SFSP

Primary Population Served: Homeless Working Poor Seniors Kids Disabled Residents
 Other: _____

Number of Clients Served: _____ daily/weekly/monthly/yearly

Staff Listing: _____

**You must have a working email address as this is how all information for the AFC is distributed.*

Please select one of the following:

Associate Membership: I am an **individual** that works for an organization not directly working in the anti-hunger field, but we have an interest in hunger issues. This includes state agencies, transportation companies and other coalition networks. This category of membership **does not** pay dues and is not eligible for grants or scholarships.
Note: Do not send money.

General Membership: We are an organization that provides direct service to hungry people or anti-hunger agencies, including faith-based, 501(c)(3), and tribal organizations. Based on our organization's annual budget, our dues are _____. We are enclosing payment for this amount. **
Note: Please be sure to indicate dues on blank line above.

* **Any organization that would like to be a part of the coalition, but paying dues would create a financial hardship, can appeal their dues by contacting the AFC Manager.

FY 2009 Dues -- Based on Annual Operating Budget						
Organization Annual Budget	Below \$100,000	\$100,001 to \$250,000	\$250,001 to \$500,000	\$500,001 to \$1 million	\$1 million to \$3 million	Over \$3 million
FY 2009 Member Dues	\$10.00	\$25.00	\$50.00	\$75.00	\$100.00	\$150.00

Please make checks payable to Food Bank of Alaska