TBNEH Organization Membership Application
All Organizations Must Complete the Following Application.

The Tampa Bay Network to End Hunger (TBNEH) brings people together to build a hunger-free community. Our members include nonprofits, for-profits, schools and universities, government organizations, and unaffiliated volunteers. The TBNEH serves members by:

• Keeping members up to date with best practices and policy changes
• Providing a Work Team structure for pilot programs
• Providing a forum for members to share successes and concerns and give support and guidance to one another
• Providing timely, relevant, and accessible education and training

TBNEH website: http://networktoendhunger.org/

Organization Name: ______________________________________________________________________________________
Organization Address: ____________________________________________________________________________________
City: ________________________________ State: ____        Zip Code: _________     Phone number: ____________________
Type of Organization:      _______Non-profit?     ______Government?     ______University/School?     ________For profit?
                          If other, please indicate type: ___________________________________________________________________

Membership Requirement:
Key to maximizing the value of all memberships in the Tampa Bay Network to End Hunger is member engagement. To maintain membership in the network, members are required to participate in one or more of the following:

• Attend at least 4 monthly meetings each year;
• Serve on a Work Team;
• Support TBNEH activities in other capacities outside the above 2 options.

Contact information:
Please provide the following contact information so can ensure that you are on the TBNEH email list.

Name: ________________________________ Position ________________________________
Email: ________________________________ Phone: ________________________________
I will: ________Attend meetings      ________Serve on a Work Team     ________Support other TBNEH activities
Opportunity to Donate: Please indicate if your organization would like to donate to TBNEH to offset the administrative costs of updating the Hunger Map and increasing the support of members.

_____ $25;      _____ $50      _____ $75;      _____ $100      Other $ _________

Please make your check payable to Tampa Bay Network to End Hunger. Mail your check to:
Tampa Bay Network to End Hunger
4532 W. Kennedy Blvd. Suite 252
Tampa, FL 33609

Contacts for questions regarding membership and donations:
ace.padian@networktoendhunger.org
caitlyn.peacock@networktoendhunger.org

How can TBNEH best serve your organization?
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

How did you learn about the Tampa Bay Network to End Hunger?
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Additional comments: ________________________________________________________________
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