



**Second Harvest Food Bank
Greater New Orleans and Acadiana
Member Agency Update Form**

Date: _____

Organizational Information

Main Office

Member Agency Name: _____
 Physical Address: _____ City: _____ Zip Code: _____
 Billing/Mailing Address: _____ City: _____ Zip Code: _____
 Delivery Address: _____ City: _____ Zip Code: _____
 Parish: _____ Phone Number: _____ Fax Number: _____
 Website Address: _____ Email Address: _____

Contact Information **Please check if all contacts are the same as the director.**

Agency Director: _____ Email Address: _____
 Business Number: _____ Cell Number: _____
 Food Contact: _____ Email Address: _____
 Business Number: _____ Cell Number: _____
 Billing Contact: _____ Email Address: _____
 Business Number: _____ Cell Number: _____

Program Site Information **Please check if all physical addresses are confidential.**

(Fill out only if the organization provides food at multiple sites)

Site #1 Name: _____ Physical Address: _____
 City: _____ Zip Code: _____ Phone Number: _____
 New Existing Program Type: _____ Date Program Created: _____

Site #2 Name: _____ Physical Address: _____
 City: _____ Zip Code: _____ Phone Number: _____
 New Existing Program Type: _____ Date Program Created: _____

General Information

Service areas served (zip codes): _____

Days and hours of operation (insert appropriate time ranges or circle appropriate choice)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Appointment Only	24 hours, 7 days a week

For Office Use Only Initials: _____ Date of Last MV: _____ 501 © 3 status: _____
 Agency Number: _____ Parish/Code: _____ Date Member Joined: _____
 Program Number(s): _____ Program Code(s): _____ Agency Type: Onsite / Pantry / Both