

MEMBER AGENCY INFORMATION SHEET

Multi-Agency Form

(HPW Ministries, Inc. – Shiloh DC, Inc. – Shiloh Ministry, Inc. – Jabez Ministry, Inc. – Rehovot, Inc.)

Please check which agency you have or will be submitting a participation application to and select which programs you would like to be considered for participation on:

<input type="checkbox"/>	HPWM -Distribution Center (Lexington, TN)	(<input type="checkbox"/>	Goods Distribution (Wal-Mart, etc.)			
<input type="checkbox"/>	Shiloh Distribution Center (Lexington, TN)	(<input type="checkbox"/>	Agency Food Distribution	<input type="checkbox"/>	Meat Buy Program)	
<input type="checkbox"/>	Shiloh Ministry (Memphis, TN)	(<input type="checkbox"/>	Goods Distribution (Wal-Mart, etc.)	<input type="checkbox"/>	Agency Food Distribution)	
<input type="checkbox"/>	Jabez Ministry (Frisco City, AL)	(<input type="checkbox"/>	Goods Distribution (Wal-Mart, etc.)	<input type="checkbox"/>	Agency Food Distribution)	
<input type="checkbox"/>	Rehovot, Inc. (Mobile, AL)	(<input type="checkbox"/>	Goods Distribution (Wal-Mart, etc.)	<input type="checkbox"/>	Agency Food Distribution	<input type="checkbox"/> Meat Buy Program)

Agency Full Name: _____

Telephone # at Site: (_____) _____ Fax #: (_____) _____

Physical Address (do not use P.O. Box): _____

Mailing Address: _____

Director: _____ Board President: _____

Contact Person: _____ Telephone # of Contact Person: (_____) _____ Is this a Mobile #? _____

Backup Contact Person: _____ Telephone # of Contact Person: (_____) _____

AGENCY INFORMATION:

Agency EIN: _____ State of Incorporation: _____ State Control # (if applicable): _____

Is this organization properly chartered with their state as a Non-profit Corporation? ____ YES ____ NO If YES, please specify date incorporated. ____ (month) ____ (year)

Is this organization/ministry a 501c3 non-profit corporation? ____ YES ____ NO If YES, please specify date you received 501c3. ____ (month) ____ (year)

PARENT ORGANIZATION: Parent Organization Name (if applicable): _____

Is the parent organization properly chartered with their state as a Non-profit Corporation? ____ YES ____ NO If YES, please specify date incorporated. ____ (month) ____ (year)

Is the parent organization/ministry a 501c3 non-profit corporation? ____ YES ____ NO If YES, please specify date they received 501c3. ____ (month) ____ (year)

Please list all services that your organization provides: _____

*You must provide and attach all applicable documentation (State Incorporation papers; IRS 501c3 Determination Letter, etc.)

Signature of Person Completing Document: _____

Date: _____ © Shiloh DC, Inc.