



Hope for You, Inc. (HFY)



AN RCCGNA COMMUNITY INITIATIVE

Membership Application

Organization Name: -

Please provide your Tax ID or EIN number and date of establishment -----

Tax ID/EIN: ----- Date: -----

Mailing/Street Address:

City: -----

State: - ----- Zip - -----

Organization Phone Number: ----- Fax: -----

Ex. Director / Senior pastor's Name:

Ex. Director / Senior pastor's E-Mail Address:

Web Site Address: --

Program/Project Name:

Contact Name: Title:

Do you have a 501 (c) 3 status?

Primary Contact: Title: Pastor Email Address:

Phone: When was your organization Founded?

What is your agency Mission?:

How many families and children are served per year ? What

is the size of your church/organization? 0-100 ___100-250 ___250-500

___250-500 ___500-1000 ___ 1000+

What county (ies) do you serve?

What type of human services do you provide for the community? _____

What is the target population to be served by these donations?

Do you collaborate with other agencies? If so, which ones? (Please list top three)



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Membership Agreement

Our organization, _____, understands that all memberships must be renewed no later than March 30th each year. The Annual membership fee per Agency is **\$100.00 per year**.

Occasionally, HFY receives in-kind products that can be distributed to our partners. Program and miscellaneous items must be used for the benefit of at-risk families and needy children and cannot be sold, bartered or exchanged. All products will be offered “as-is” and are not returnable. The recipient agency must agree to **NEVER SELL, BARTERED OR EXCHANGE**. Donations from Hope For You, Inc. OR World vision cannot be “sold, bartered, or used for fund raising purposes.”

Partner Agency are required to provide a monthly report to Hope for You, Inc. by email regarding how the distribution of products received have impacted the community. Member agencies will not charge fees of any kind (real or in-kind) to the recipient, individual or family.

***ALL REFERRAL OF OTHER CHURCHES OR AGENCIES TO ANY OF OUR PARTNER AGENCIES MUST GO THROUGH HOPE FOR YOU FOR ACCOUNTABILITY PURPOSES INCLUDING WORLD VISION.**

PLEASE NOTE THAT WORLD VISION MEMBERSHIP IS A SEPARATE PROCESS FROM THIS. CONTACT US IF YOU'RE INTERESTED FOR MORE INFORMATION.

Failure to comply will lead to automatic withdrawal from the partnership.

Member Agency Executive Director

Date

Authorized Shopper #1 (Print Name)

Authorized Shopper #2 (Print Name)

Please provide our organization with the following:

- Copy of the organization’s letter certifying IRS 501(c) 3 tax-exempt status.
- Mail the information or send as email attachment to: info@hopeforyou.org.

Hope For You, Inc.
4320 HWY 380 Business, Greenville, TX. 75401
817-8974623



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OFFICE USE ONLY

Date Application Received:

Site Visit Confirmed:

Date -----

Contact Person

HFY Inc. Approval Date

Application Denied Reason

Date

Comments:

Directions to Member Agency: