

The Agency Store 2020 Membership Application

PLEASE PRINT
ALL INFORMATION

Agency Name: _____

Authorized Representative and Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Authorized Shoppers (Persons authorized to use this account) – Up to four total:

_____ Email: _____

_____ Email: _____

_____ Email: _____

_____ Email: _____

Your agency must be a 501(c)(3) nonprofit to qualify for membership in *The Agency Store*.
Please provide a current copy of your IRS 501(c)(3) determination letter with this application.

Please check all areas that your agency serves:

- | | |
|---|---|
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Refugees/immigrants/undocumented | <input type="checkbox"/> Children (1 to 12) |
| <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Youth (13 to 18) |
| <input type="checkbox"/> Single Parents | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Individuals with Disabilities | <input type="checkbox"/> Disaster Relief |
| <input type="checkbox"/> Other (please list): _____ | |

How many unduplicated individuals does your agency serve annually? _____

Please list which programs will use these items: _____

How will you track where items go: _____

Please help us by listing items that your agency would consider high need items for your clients. Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Personal Products | <input type="checkbox"/> Bedding |
| <input type="checkbox"/> Women's Clothing | <input type="checkbox"/> Cleaning Supplies |
| <input type="checkbox"/> Children's Clothing | <input type="checkbox"/> Off-season paper cups, napkins, etc |
| <input type="checkbox"/> Maternity Clothing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Men's Clothing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dishes | |

The following paperwork is necessary for your file:

1. Completed Membership Application
2. Current IRS 501(c)(3) Determination Letter
3. Signed Nonprofit Agreement

I agree and understand that these goods cannot be resold, traded or bartered in any format, including but limited to: 1. Internet, 2. Garage sales, 3. Porch sales or 4. Private sales to others.

_____ Signature of Authorized Representative	_____ Title	_____ Date
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For office use:

Date Received: _____

Application reviewed for completion by: _____

Signed Agreement Received: _____

Approved: Yes No