



# Meals on Wheels Association of Georgia Membership Application

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

Is your organization a member of Meals on Wheels America? \_\_\_\_\_

**TYPE OF MEMBERSHIP: All Membership Fees have been waived for 2020-2021**

- Organizational/General membership: ~~\$25~~ \$0 annually for not-for-profit organizations which provide direct senior nutrition services. The organization will have one (1) vote. Member Organizations may include an unlimited number of staff in member benefits: e.g. member rate conference attendance, etc.
- Associate membership: ~~\$25~~ \$0 annually (non-voting) for organizations which support senior nutrition services but which do not provide direct services

CONTACT REPRESENTATIVE NAME #1: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT REPRESENTATIVE NAME #2: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ORGANIZATION CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION IF YOUR ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES DIRECT SENIOR NUTRITION SERVICES**

**Does your organization directly provide Meals on Wheels and Senior Center Meals? Check all that apply.**

- Meals on Wheels
- Senior Center Meals

**What type of meal is provided? Check all that apply.**

- Frozen
- Culture Specific
- Vegetarian
- Shelf Stable
- Chilled
- Modified



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Medically Tailored

**Who delivers the meal? Check all that apply.**

Volunteers

Staff

**How often are meals delivered?** \_\_\_\_\_

**How many meals are served each year for Meals on Wheels?** \_\_\_\_\_

**How many meals are served each year for the Senior Center?** \_\_\_\_\_

**Do you cook your meals on site?** \_\_\_\_\_

**Thank you for joining MOWAG!**

**Mail completed form with your check to:**

**Meals on Wheels Association of Georgia**

**% Athens Community Council on Aging**

**135 Hoyt Street**

**Athens, GA 30601**