Meals on Wheels Association of Georgia Membership Application

ORGANIZATION NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

ORGANIZATION TELEPHONE: _____

ORGANIZATIONAL E-MAIL (permanent): _____

WEBSITE: _____

Is your organization a member of Meals on Wheels America? ☐ Yes ☐ No

TYPE OF MEMBERSHIP:

- ☐ **Organizational/General membership:-$150 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: $150 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: _____

SURVEY for Organizational/General members only

PLEASE PROVIDE THE SURVEY 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

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

- ☐ Frozen
- ☐ Culture Specific
- ☐ Vegetarian
- ☐ Medically Tailored
- ☐ Shelf Stable
- ☐ Chilled
- ☐ Modified

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
% Fayetteville Senior Services (Nancy Meaders)
4 Center Drive
Fayetteville, GA 30214