

WASHINGTON ASSOCIATION OF SENIOR NUTRITION PROGRAMS

MEMBERSHIP APPLICATION for 2018

STRUCTURE AND DUES

Washington Association of Senior Nutrition Programs offers two categories of membership: voting and non-voting. **Voting** membership in the Washington Association of Senior Nutrition Programs is open to nonprofit organizations providing senior nutrition program services in Washington State. Dues are \$100 per year and cover up to five (5) individuals in the organization. The primary contact at a Member organization, generally the executive or program director, is considered the Voting Member for the organization. Only one voting member per organization.

Non-Voting membership is open to any profit-motivated business or organization interested in supporting the goals of senior nutrition services and approved by the WASNP Executive Committee. Membership is also open to individuals employed by an agency or organization, such as an Area Agency on Aging or State DSHS, which oversee member providers in the provision of senior nutrition services. Dues are \$100 per year and cover up to five (5) individuals in the organization. Members in this category are ineligible to vote in WASNP business matters and may not hold an elected office.

APPLICANT INFORMATION

Type of Membership (check one):

- | | |
|---|--|
| <input type="checkbox"/> New Member-Voting (\$100) | <input type="checkbox"/> Renewing Member-Voting (\$100) |
| <input type="checkbox"/> New Member-Non-Voting (\$100) | <input type="checkbox"/> Renewing Member-Non-Voting (\$100) |

Organization/Agency Name: _____

Primary Member Name & Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Additional Members:

Name: _____ Phone: _____

Title: _____ Email: _____

(See next page)

PROGRAM INFORMATION

Type of organization:

- Non-profit For Profit Business Entity Division of Government Tribal Government Entity
 Part of a Council/Regional Planning Entity Other _____

Our organization provides: (check all that apply)

- Congregate Meals Home Delivered Meals Shelf-stable Meals Emergency Meals
 Medically-Appropriate Meals Other _____

Total number of CONGREGATE meals _____ and unduplicated clients _____ served annually

Total number of HOME DELIVERED meals _____ and unduplicated clients _____ served annually

Our program: (check all that apply)

- Owns/operates Kitchen Contracts w/Caterer Other _____
 Is a single-purpose agency Is a multi-purpose agency

Total number of Paid Staff: _____ Total number of Volunteers: _____

Our annual nutrition program budget is:

- < \$500,000 < \$1,000,000 < \$2,000,000 < \$3,000,000 > \$4,000,000

We receive funding from: (check all that apply)

- Federal Government State Government Local Government Private Pay
 Voluntary Client Donations Corporate/Private Foundations Other _____

PAYMENT INFORMATION

Mail completed application and \$100.00 check payable to Washington Association of Senior Nutrition Programs to:

WASNP
c/o Debbie Metz

Island Senior Resources

14594 SR 525
Langley, WA 98260
Questions? Call 360-321-1621

Visit our website at www.wasnp.org for more information.