Please find attached the membership application form – this is to be completed by a registered charity agency, community organisation or church group only (individuals are not eligible for membership).

The Agency Registration Fee is $40.00. This will cover your registration for the 3 years, expiring on 31st December 2026.

What needs to be returned to Food Relief NQ:

1. A completed Food Relief NQ Agency Registration/Renewal (please retain a copy for your records)

2. For church-based organisations or branches of larger welfare organisations, a letter outlining the Agency's activities from its head office

3. Proof that the Agency has not-for-profit organisation status or is a public benevolent institution or the agency's certificate of tax exemption on being a welfare organisation

4. A copy of your current Public and Products Liability "Certificate of Currency" (even if you have provided a copy previously). In the case where your insurance changes, Food Relief NQ must be notified immediately

5. Renewal Fee of $40.00 – by cheque or phone us on 07 4774 7620 for bank details to deposit funds

Please return all documentation to:
> **Food Relief NQ**
> **104 Webb Drive, Mount St John   Qld 4818**

Or email to: **info@foodreliefnq.org.au**

AGENCY REGISTRATION FORM 2023-2026

PLEASE PRINT

Agency Name: _____

Food Relief Co-ordinator: _____

Distribution/Preparation Address:

Street: _____

Town/Suburb: _____State: _____Postcode: _____

Postal Address: _____

Phone: _____Mobile: _____

E-mail: _____

Parent Organisation: _____

Director/CEO/President: _____Phone: _____

Administration Contact Name: _____Phone: _____

Purpose of the Agency/Programme (please attach a flyer or brochure):

_____

_____

What is your Agency's main source of income?

_____

_____

Please ensure you advise us when contact details change

Services provided other than food relief (referral, accommodation, etc):

_____

_____

Community Services

Does your Agency provide meals on your premises?   Yes/No

How many people do you assist each week?

_____

Who is eligible to receive your services?

_____

_____

How long has your Agency been in operation?

_____

Do you charge recipients for your services?   Yes/No

If yes, please provide details:

_____

_____

_____   _____
Name (please print)   Position Held

_____   _____
Signature   Date

Please ensure you advise us when contact details change