



## Partner – Individual/Family/Business Membership Agreement

(Due before voting at Food Bank Annual Meeting)

Hamilton County Harvest Food Bank, Inc. (HCHFB), 1605 N. 10<sup>th</sup> St., Noblesville, IN 46060 AND

\_\_\_\_\_ (Name) at  
\_\_\_\_\_ (Address), \_\_\_\_\_ (City), Indiana, \_\_\_\_\_ (Zip)

mutually agree to partner in providing food for our neighbors in need within the Hamilton County community.

- I. Each partner will receive the following benefits as provided under the agreement:
  - A. The encouragement to participate in all activities and programs of the Food Bank.
  - B. Up to two votes (one per person) during the election of the Board of Directors (at the “Annual Meeting”) or other HCHFB full membership votes. Additional personnel may apply for separate individual/family/Business memberships.
  - C. Please consider putting forth a candidate to run for a rotating position on the Board of Directors to provide a more diverse representation of Hamilton County.
  - D. Will receive all communications and full inclusion in the HCHFB network email notices, meeting invites, participation, and joint projects with all of the food assistance providers (currently over 30) of HCHFB.
- II. In order to be an individual/family member, you agree to:
  - A. Abide by the Bylaws and organizing principles of HCHFB.
  - B. Return the “Annual HCHFB Individual/Family/Business Member Survey” (sample attached) no later than Annual Meeting of each year.
  - C. Have at least one person attend a minimum of two (2) scheduled meetings each year. One of these meetings SHOULD be the “Annual Meeting” due to the importance of sharing current HCHFB and Pantry and Feeding Program information.
  - D. Provide volunteer assistance and/ or monetary donations that will be used to further the mission of HCHFB as deemed appropriate by the Board of Directors.
  - E. Communicate all changes in contact information.

I acknowledge that I have read and agree to the above. Program also agrees to hold Hamilton County Harvest Food Bank harmless for any event arising from the partnership described in this agreement. Finally, I certify that I am signing as the aforementioned individual or family member or business member.

\_\_\_\_\_  
Contact Signature  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Title  
Email: \_\_\_\_\_

\_\_\_\_\_  
Secondary Contact Signature  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Title  
Email: \_\_\_\_\_

Accepted: \_\_\_\_\_  
HCHFB Officer Signature/Date

\_\_\_\_\_  
Printed Name/Title