Cancellation of Membership Form

Agency Name: ________________________________________________________________

Agency Reference Number: ___________________________________________________

This document acts as a formal request to terminate the membership agreement between the above agency and Greater Pittsburgh Community Food Bank. As a representative of the above agency, I understand that:

1. Once this termination is effective the above agency cannot receive product from Greater Pittsburgh Community Food Bank.
2. If the above agency wishes to rejoin Greater Pittsburgh Community Food Bank’s network, the above agency must re-apply by means of the formal application process and meet all new criteria for membership.
3. The above agency is liable for all debts incurred during membership with Greater Pittsburgh Community Food Bank, which must be paid in full prior to termination.
4. The above agency is responsible for returning all undistributed product and would receive a credit, if appropriate, upon termination of membership.

Please explain the reason for terminating membership:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Were clients referred to another program in the area?  ☐ Yes  ☐ No

If yes, please list the names of the programs:

__________________________________________________________________________________

__________________________________________________________________________________

________________________________________________________________________

_____________________________________

Signature of Agency Representative

Date

_____________________________________

Signature of Food Bank Staff

Date of Termination