

Food Resources, Inc.  
Pantry on Wheels (POW) Program  
Membership Application 2008



220 McRand Court  
Hagerstown, MD 21740  
301.733.4002  
fax 301.791.3313

SC Pod # \_\_\_\_\_

*Please fill out the following information. All items must be completed unless it does not apply. If an item does not apply, please complete by writing N/A on the appropriate line.*

Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Are you retired?

- Yes
- No

Are you disabled?

- Yes
- No

Do you live in Subsidized Housing?

- Yes
- No

If yes, what community do you reside? \_\_\_\_\_

*Some applications may be subject to income verification before approval. If this is the case, you will be contacted by FRI and your application will be processed upon receiving the verification.*

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Eligibility confirmed? – FRI use only

- Yes
- No

\_\_\_\_\_  
(FRI signature)