



TARRANT COUNTY

FOOD POLICY COUNCIL

2020 Membership Application		
Applicant Information		
Name:		
Employer:	Position:	
Address:		
City:	State:	Zip:
Email:	Phone:	
Skills/Expertise:		
Membership Type – Choose One		
<input type="checkbox"/> Individual	<input type="checkbox"/> Organizational	
Please check topics you are interested in:		
<input type="checkbox"/> Children’s Health	<input type="checkbox"/> Community Gardens & Urban Agriculture	
<input type="checkbox"/> Food Recovery	<input type="checkbox"/> Healthy Food Retail	
<input type="checkbox"/> Other:		

Tarrant County Food Policy Council’s vision is equitable access to healthy food for all individuals living and working in Tarrant County. The organization is committed to bringing all stakeholders together to identify and address access issues in our community. To this end, the Council is focusing its efforts on community assessment, awareness building, engaging the community and area leaders through advocacy, and by taking action through the Council’s working groups.

Signatures	
<i>By applying for membership, I am expressing a commitment to abide by the bylaws of the TCFPC, attend the bi-monthly and/or working group meetings, and serve as an active member of the Council.</i>	
Signature of applicant:	Date:
Printed name:	