



TARRANT COUNTY FOOD POLICY COUNCIL

2019 Membership Application		
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Email:		
Home:	Cell:	
Employment Information		
Organization:		
Position:	Years in Position:	
Address:		
City:	State:	Zip:
Phone:	Email:	
Membership Type – Choose One		
<input type="checkbox"/> Individual	<input type="checkbox"/> Organizational	

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, you are 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:	
For Internal Use Only	
<input type="checkbox"/> Presented to the board	Date:
<input type="checkbox"/> Approved by Board Chair	
Signature:	Date: