## mEALS ON wHEELS ASSOCIATION OF fLORIDA (MOWAF)

# REGISTRATION FORM

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| **Purpose:** To provide leadership, training, and one voice for the Senior Nutrition programs in the State of Florida. |
| **Who We are:** The Meals on Wheels Association of Florida is a newly formed, non-profit, state-wide organization joining together Meals on Wheels members and organizations. We are dedicated to eradicating senior hunger and providing nutritious meals to the homebound and seniors of our respective community.**What We Do:** MOWAF is dedicated to fulfilling’s its vision in three primary ways: 1. Advocacy- MOWAF seeks to advocate on behalf of Florida’s senior population, and on behalf of organizations serving nutritious meals to homebound and senior individuals, on both the local and state levels by joining together as one voice.2. Education- MOWAF seeks to educate the public on the issues of senior hunger and provide training and educational opportunities for its members.3. Empowerment: MOWAF seeks to empower organizations serving nutritious meals to seniors by developing on active network which can share best practices, beneficial resources, and answers to the questions common to all organizations in its membership.**How Do We Do It:** Recognizing its members are spread out across the state, MOWAF conducts most of its business through one hour conference calls which occur every other month. MOWAF also holds a membership meeting each year at the annual MOWAA Conference. Other sessions which advocate, educate, or empower are scheduled as determined during these times.  |
| **Thank you for joining MOWAF. Memberships are open to Florida-based non-profit providers of home delivered or congregate meals based in Florida. Each organization receives one vote and can name a maximum of two individuals to receive e-mail and other communications.** **Annual fees are: $50 for programs with an annual budget less than $1M. $100 for larger programs payable in January of each year. Dues paid in October, November and December will count for the following year.**  |
| membership application |
| **Organization Name:** |
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| **Principle Member First Name:** | **Last Name:** | **Title:** |
|  |  |  |
| **Address** | **City** | **State** | **Zip** |
|  |  |  |  |
| **Phone (office):**  | **Phone (cell):**  | **Email:**  |
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| **By providing the following information, you will enable MOWAF to create a comprehensive profile of senior nutrition programs in Florida. This information will be used to create greater synergies within the non-profit senior nutrition program network.**  |
| 1. How many home delivered meals do you serve annually?  |  | Congregate? |  |  |
| 2. How many paid employees?  |  | Volunteers?  |  |  |
| 3. What is your total annual budget?  |  |  |
| 4. What is your meal program budget?  |  | Congregate:  |  | Home Delivered:  |  |
| 5. Number of meal program employees?  |  |  |
| 6. Are you a member of Meals On Wheels Association of America?  | Yes |  | No |  |
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| make checks payable to: Meals on Wheels Association of florida |
| Mail completed form with payment to:MOWAF MembershipAttn: Angela WilliamsMeals on Wheels of Tampa 550 West Hillsborough AveTampa, FL 33603 | For more information, contact: Mark Adler, MOWAF PresidentExecutive Director Broward Meals on Wheels451 N. State Rd. 7Plantation, FL 33317madler@bmow.org954-714-6940 |