

## Program Authorized Shopper Update

Please list up to four (4) AUTHORIZED Shoppers. Any shoppers previously on file will be removed unless they are included. Please notify Wyoming Food Bank of the Rockies, in writing, of all changes in Authorized Shoppers as soon as they occur.

Please Print

Program #: A \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

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

Program Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Shopper #1: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Shopper #2: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Shopper #3: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Shopper #4: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**\*WFBR Use Only\***

Attended Orientation

Note:

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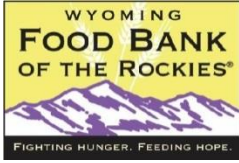
Note:

Attended Orientation

Note:

I hereby certify that the information provided here is accurate. Further, I guarantee that authorized shoppers have read and understand WFBR's policy on accessing product and are willing to adhere to them in the operation of our hunger relief program.

\_\_\_\_\_  
Signature of Authorized Program Director



## Member Agency Information Change

The best way to stay current and make the most of your membership with Wyoming Food Bank of the Rockies is to ensure we have the correct information on file for your agency and the programs you operate. Please use this form to notify us of changes as they occur. (Please use the back side of this form to update us with any new shopper information.)

Program #: A\_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Agency Mailing (Billing) Address:

Program's Physical Address:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code:

City, State, Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Director's Email Address:

Program Main Contact:

\_\_\_\_\_

\_\_\_\_\_

Agency Phone #:

Contact Email Address:

\_\_\_\_\_

\_\_\_\_\_

Agency Fax #:

Contact Phone #:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information provided is accurate.

\_\_\_\_\_  
Signature of Authorized Director

Scan, fax or mail completed form to:

Brienne Jewkes  
Programs Manager  
Wyoming Food Bank of the Rockies  
P.O. Box 1540  
Evansville, WY 82636  
E-mail: [bjewkes@foodbankrockies.org](mailto:bjewkes@foodbankrockies.org)  
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