

Georgia Restaurant Association • 480 East Paces Ferry Road, Suite 7 • Atlanta, Georgia 30305 • (404) 467-9000 (P)

EDUCATION SPECIALIST MEMBERSHIP APPLICATION

GENERAL INFORMATION - MAILING CONTACT

Contact Name: _____ Title: _____

Full Name of Business: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

BILLING INFORMATION

Contact Name: _____ Title: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

EDUCATION SPECIALISTS MEMBERSHIP DUES SCHEDULE

Member Type	Annual Dues
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Please select a member type:

- ProStart Instructor®** **\$50.00**
- Independent Education Provider** **\$250.00**
- Government Agency** **\$125.00**

*Includes representatives of the following:
Post-secondary institutions, health departments, board
of education, extension service agents, and all other
government agencies.*

() I have enclosed a check for the full amount of my membership

If paying by credit card, please complete the following:

() Amex () Visa/MC () Discover

Amount: \$ _____

Card#: _____ Exp. Date: _____

Name on card (please print): _____

Authorized Signature: _____

To be considered for membership in Georgia Restaurant Association (GRA), a completed membership application must be returned along with payment for the annual dues investment. Membership dues for subsequent years will be invoiced on the anniversary date of your membership. Membership includes full access to Georgia Restaurant Association services.

In consideration of payment of the membership dues investment, the Georgia Restaurant Association will provide its members with valuable services including, but not limited to: serving the interests of its membership before state legislative and regulatory bodies; educational seminars and continuing education programs; communications and public relations for the industry; and other activities of benefit to Georgia Restaurant Association members.

Therefore, in exchange for the services provided by Georgia Restaurant Association, the undersigned agrees as follows: to pay membership dues investment amount and in such installments as may be determined by Georgia Restaurant Association in accordance with its Bylaws. Provide notice of cancellation, in writing, addressed to the President or Executive Director.

Signed: _____ Title: _____ Date: _____

Return completed application to: **Georgia Restaurant Association**
480 East Paces Ferry Road, Suite 7, Atlanta, GA 30305
(404) 467-9000 * (866) 467-2201 (Phone) * (404) 467-2206 (Fax)

REMEMBER TO INCLUDE YOUR STAFF!

Your membership in the Georgia Restaurant Association (GRA) was designed to benefit not only your bottom line but also your staff. All GRA events, Monthly Membership Meetings and communications are created with you and your staff in mind. We encourage that you share the remarkable GRA experience.

ADDITIONAL CONTACTS

Contact Name: _____ Title: _____

Email: _____

Contact Name: _____ Title: _____

Email: _____

Contact Name: _____ Title: _____

Email: _____

Take a minute and complete the following information for the **Member Profile Page**. Along with your company description we will need your logo in GIF format at 300 dpi or greater.

Please email your logo to: _____

COMPANY DESCRIPTION

FOR GRA MEMBERSHIP DEVELOPMENT EXECUTIVES ONLY

Membership Development Executive Name: _____

Note all categories member would like to participate in, include dates if applicable. Make a copy and give to department heads.

Food Sponsor	Spotlight for Success	Share Your News
Committee	Restaurant Forum	ServSafe® Product and Classes
Monthly Membership Meetings	Roundtables	Chapter Meetings
eNews - weekly	eNewsletter - Monthly	Community Involvement
Discounted Business Services	Membership Mixers	Restaurant Spotlight

Notes: _____
