



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

GRA ALLIED SPONSOR MEMBER APPLICATION

To begin your partnership with the Georgia Restaurant Association, simply complete the form below. Once completed, return with payment to the address at the bottom of this form. We will process your information quickly, so that you may begin to enjoy the benefits of partnership immediately.

GENERAL INFORMATION - MAILING CONTACT

Contact Name: _____ Title: _____

Full Name of Business: _____

Address: _____

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

Telephone: _____ Fax: _____ Cell: _____

Website: _____ Email: _____

Allied Sponsor Level (Annual):

- \$ 2,500.00 Bronze \$ _____
- \$ 5,000.00 Sliver \$ _____
- \$10,000.00 Gold \$ _____
- \$15,000.00 Platinum \$ _____
- \$25,000.00 Presenting \$ _____
- \$35,000.00 Cornerstone \$ _____

Method of Payment (check one): Check American Express Visa Mastercard Discover

Card Number: _____

Exp. Date _____ Signature: _____

Amount \$ _____ Name on Card (please print) _____

I (we) wish to affiliate with other professional hospitality leaders in Georgia to receive the membership benefits of the Georgia Restaurant Association. I (we) pledge to the Georgia Restaurant Association that this establishment will operate according to the GRA. I (we) have enclosed annual dues corresponding to this our total food and beverage revenue per unit.

DEDUCTIBILITY: Dues are not tax deductible as charitable contributions but may be deductible as ordinary and necessary business expense. If you join the GRA, 25% of your dues are not tax deductible as a business expense as a result of GRA lobbying activity.

Signature: _____ Title: _____ Date: _____

Return completed application to: **Georgia Restaurant Association**
480 East Paces Ferry Road, Suite 7, Atlanta, GA 30305
404-467-9000 (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. Managers and Human Resource representatives will ALL benefit from

ADDITIONAL CONTACTS

Contact Name: _____ Title: _____

Email: _____

Contact Name: _____ Title: _____

Email: _____

Contact Name: _____ Title: _____

Email: _____

Please indicate your reason(s) for joining the GRA:

Four Key Cornerstones

- Political Advocacy
- Professional Development
- Business Development
- Community Involvement

COMMENTS _____

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.

COMPANY DESCRIPTION

**Company Keyword
Search
(For Buyers Guide)**
