



GEORGIA RESTAURANT ASSOCIATION

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

ASSOCIATE MEMBERSHIP 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: _____

Website: _____ Email: _____

BILLING INFORMATION

Contact Name: _____ Title: _____

Address: _____

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

Telephone: _____ Fax: _____

ASSOCIATE MEMBERSHIPS DUES

<p>Member Type Please select member type:</p> <p><input type="checkbox"/> Non-Profit Institution</p> <p><input type="checkbox"/> College and/or University</p> <p><input type="checkbox"/> Hospitals & Nursing Care</p> <p><input type="checkbox"/> Other</p>	<p>Annual Dues - \$250.00*</p> <p>* Available to state associations in Georgia with an affiliation to the restaurant and foodservice industry. Membership includes full access to Georgia Restaurant Association (GRA) services including links to member's own website.</p>	<p>() I have enclosed a check for the full amount of my membership</p> <p>If paying by credit card, please complete the following: () Amex () Visa/MC () Diners</p> <p>Amount: \$ _____</p> <p>Card #: _____</p> <p>Exp. Date: _____</p> <p>Name on card (please print): _____</p> <p>Authorized Signature: _____</p>
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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.

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. Managers and Human Resource representatives will ALL benefit from this membership so make sure to include their information.

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
(see Member Benefits sheet for further details)

- 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

Notes:
