

Student Member Application

General Information

Contact Name: _____ Title: _____

Full Name of Institution: _____

Address: _____

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

Telephone: _____ Fax: _____

Email: _____

College or Institution

Full Name of College or Institution: _____

Dept. Head/Program Administrator: _____ Title: _____

Address: _____

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

Telephone: _____ Fax: _____

Student Member Dues Schedule

Annual Dues—\$25.00*

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: \$ _____ CES# _____

Card#: _____ Exp. Date: _____

Name on card (please print): _____

Authorized Signature: _____

*Available to students currently enrolled in an approved college or university hospitality program. Membership must be approved by department head, or program administrator. Membership includes full access to Georgia Restaurant Association services.

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.

Signed: _____ 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)