



Membership Application

** To register online, please visit ctrestaurant.org/join **

Member Information

Business Name(s)/DBA: _____ Date: _____

Corporate Name: _____

Primary Address: _____

<i>Street Address</i>	<i>Suite #</i>	
_____	_____	_____
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____	_____

Billing Address: _____
(If different from above)

<i>Street Address</i>	<i>Suite #</i>	
_____	_____	_____
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____	_____

Additional Locations: _____

Contact Person(s) _____

Phone: _____ **Email:** _____

Website URL: _____

Membership Investment

Please note, dues are now a flat fee structure with an annual due date of February 1st. Please select your amount due below, based on the total number of restaurant locations under the same owner/operator or restaurant group.

<u>Restaurant Member</u>			<u>Allied Member</u>		
___ (1) \$400	___ (5) \$1,200	___ (9) \$2,000	___ Allied Member \$400		
___ (2) \$600	___ (6) \$1,400	___ (10) \$2,200			
___ (3) \$800	___ (7) \$1,600	___ (11+) \$2,400			
___ (4) \$1,000	___ (8) \$1,800				

___ I will pay by check (please mail check along with application to address below)

___ Please bill my credit card ___ MC ___ VISA ___ AMEX ___ DISC **Total: \$** _____

Credit Card #: _____

Exp Date: _____ CVV: _____

Signature *Print Name*

Please print and mail this form along with payment to:
Connecticut Restaurant Association, 270 Farmington Ave, Suite 142, Farmington, CT 06032

Questions

For any questions, please contact us at **860.278.8008 x100** or email us at membership@ctrestaurant.org. Thank you.