Restaurant Membership Application

Business Name(s)/DBA: _____

Corporate Name: _____

Primary Address: _____

Mailing Address (if different from above): _____

Additional Locations: _____

_____

Contact Person(s): _____ Date: _____

Phone: _____ Cell: _____ Fax: _____

E -Mail: _____ Website URL: _____

Did a CRA Member Refer You? Name/Restaurant: _____

Please Indicate the membership benefits of primary interest:

- ☐ Serve on the Board or Committee
- ☐ Property & Casualty Insurance
- ☐ Health Insurance
- ☐ Credit Card Processing Discount
- ☐ Roundtables/Networking events
- ☐ ServSafe
- ☐ Government Relations/Legislative
- ☐ Email and Social Media Marketing
- ☐ Payroll Processing
- ☐ Energy Cost Savings
- ☐ Legal Consultation
- ☐ Text Message Marketing
- ☐ Educational Opportunities
- ☐ Music Licensing Discount
- ☐ Membership Directory
- ☐ Online Marketing
- ☐ Point of Sale System Discount

Other: _____

The CRA offers an Exclusive Gift Certificate Program for Members Only.

Would you like to participate? YES NO MAYBE

Your Annual Dues Investment

If the amount we invoiced does not reflect your current Gross Annual Sales, please update.

Restaurant Membership (Restaurant Dues are based on Gross Annual Sales of All Restaurant Holdings):

Under $350,000: _____ $250.00
$350,001 - $750,000: _____ $400.00
$750,001 - $1,500,000: _____ $650.00
$1,500,001 - $3,000,000: _____ $950.00
$3,000,001 - $10,000,000: _____ $1300.00
Over $10,000,000: _____ $2000.00

Please make payment on-line at www.ctrestaurant.org
or mail form and check to:
Connecticut Restaurant Association, 38 Hungerford St., Hartford, CT 06106
Thank you.