



Membership Application

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

Member Information

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

Corporate Name: _____

Primary Address: _____

Street Address _____ Suite # _____

City _____ State _____ ZIP Code _____

Billing Address: _____
(If different from above) Street Address _____ Suite # _____

City _____ State _____ ZIP Code _____

Additional Locations: _____
(multi-location members)

Contact Person(s) _____

Phone: _____ Email: _____

Website URL: _____

Membership Investment

Annual dues start at \$400 per year for single locations. For restaurant groups with multiple locations under shared ownership, annual dues are a base rate of \$400, plus \$200 for each additional location. Please select one below.

I am a **single location** restaurant or food service business: **\$400/year**

I am a **multi-location** restaurant group (under shared ownership): **see chart below for annual dues**

| | | |
|-----------------------|-----------------------|-------------------------|
| 1 location = \$400 | 5 locations = \$1,200 | 9 locations = \$2,000 |
| 2 locations = \$600 | 6 locations = \$1,400 | 10 locations = \$2,200 |
| 3 locations = \$800 | 7 locations = \$1,600 | 11+ locations = \$2,400 |
| 4 locations = \$1,000 | 8 locations = \$1,800 | |

I am a **non-restaurant** business (Allied Membership): **\$400/year**

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