

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

Member Information

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

Corporate Name/LLC: _____

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: _____

Contact Person(s) Email: _____

Website URL: _____

Membership Investment

Annual dues start at \$450 per year for single locations. For restaurant groups with multiple locations under shared ownership, annual dues are a base rate of \$450, plus \$225 for each additional location. Please select one below.

___ I am a single location restaurant or food service business: \$450/year

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

1 location: \$450	5 locations: \$1,350	9 locations: \$2,250
2 locations: \$675	6 locations: \$1,575	10 locations: \$2,475
3 locations: \$900	7 locations: \$1,800	11+ locations: \$2,700
4 locations: \$1,125	8 locations: \$2,025	

___ I am a non-restaurant business (Allied Membership): \$650/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 Number: _____

Expiration Date: _____ CVC: _____

Signature

Print Name

Please print and mail this form along with payment to:

**Connecticut Restaurant Association
100 Great Meadow Road Suite 100
Wethersfield, CT 06109**