



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

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: _____
(for restaurant groups)

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)*: **CORE - \$650/year / ADVANTAGE - \$2500/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