



**HAWAII RESTAURANT ASSOCIATION**

2909 Waiialae Avenue #22, Honolulu, Hawaii 96826

Phone: (808) 944-9105 Fax: (808) 441-5355

E-mail: info@HawaiiRestaurant.org

Website: HawaiiRestaurant.org

## Membership Application

Welcome to the Hawaii Restaurant Association. We thank you for your support of the food service industry and look forward to working with you, as together we strive to strengthen each member and represent our industry with dedication.

The Hawaii Restaurant Association (HRA) is a non-profit trade association which, together with the National Restaurant Association and the National Restaurant Association Educational Foundation, is dedicated to representing, educating and promoting the restaurant, food service, hospitality and tourism industries. HRA provides access to the support and resources that industry professionals need to maintain a thriving business and serve as contributing members of our unique and diverse community here in Hawaii.

**Member Information:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

I found out about the HRA from: \_\_\_\_\_

**Membership Options: (check one):**

**Regular Membership:** (annual, according to employee count) – for Restaurants and Commercial Foodservice

<u>Employee Count</u>	<u>Dues</u>	<u>Employee Count</u>	<u>Dues</u>
25 or less	\$165	251 to 500	\$825
26 to 50	\$275	501 to 750	\$1,210
51 to 100	\$385	751 and above	\$1,760
101 to 250	\$550		

**Allied Membership:** \$375 (annual) – for Suppliers, Hotels and Non-Foodservice

**Legacy Sponsor Membership:** \$10,000 (annual) - includes additional services and benefits

\$\_\_\_\_\_ Total dues paid at this time for all employees at the following number of locations: \_\_\_\_\_

- Payment method:**     **By check** - send check made payable to *Hawaii Restaurant Association* along with this Membership Application to the HRA office address found at the top of this form
- By credit card** - for the convenience of your initial payment and automatic annual renewal of membership, please complete the authorization below and mail, email or fax to HRA

**Credit Card:**      Visa            MasterCard            American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I hereby certify that all the information on this application is true and complete, and authorize HRA to initiate debit entries to my account for initial **and** renewal enrollment dues at the current dues rate. This authorization remains effective and in full force until HRA receives written termination notification from me.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_