



## Restaurant / Bar Member Application Central Florida Restaurant Association

BUSINESS NAME: \_\_\_\_\_

FRANCHISE / CHAIN? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: (IF DIFFERENT) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

CONTACT'S EMAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

CORPORATE NAME (IF APPLICABLE): \_\_\_\_\_

FACEBOOK PAGE: \_\_\_\_\_

SOCIAL MEDIA: \_\_\_\_\_

SPONSORING MEMBER: \_\_\_\_\_

Restaurant/Bar \$325.00 \_\_\_ Featured Membership \$525.00 \_\_\_

Additional Units \$95.00 \_\_\_

METHOD OF PAYMENT (CHECK ONE): CHECK AMERICAN EXPRESS VISA MASTERCARD

DISCOVER /NOVUS CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I (we) wish to affiliate with other professional hospitality leaders in Florida to receive the membership benefits of the Central Florida Restaurant Association (CFRA). I (we) pledge to the Central Florida Restaurant Association that this establishment will operate per the Code of Ethics of the CFRA.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_