



Allied 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: _____

Allied \$475.00 ___ Featured Allied \$675.00 ___ 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: _____