



HOTEL AND RESTAURANT ASSOCIATION WESTERN INDIA

4, Candy House, Mandlik Road, Colaba, Mumbai 400 001

Tel : 2202 4076/2283 1624/2281 9773 Fax : 2202 3515

Email : secgen@hrawi.com, admin@hrawi.com, membership@hrawi.com www.hrawi.com

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

We are desirous of joining as an "Associate Member" of the Hotel & Restaurant Association Western India. If admitted, we agree to abide by the rules and regulation of the Association in force from time to time and it shall be our endeavor to adhere to the policies initiated by the Association and further its prestige. The particulars of our establishment are mentioned below:

1 Name Establishment : _____ Date & Year of Opening : _____

2 Name of Director/Owner/Partner : _____

Address : _____

City : _____ State : _____ Pin Code : _____

Tel : _____ Fax : _____

Email : _____ Web : _____

3 Ownership : Proprietorship / Partnership / Company / Other _____

4 Registered office of the Establishment : _____

City : _____ State : _____ Pin Code : _____

Tel : _____ Fax : _____

Email : _____ Web : _____

5 We are enclosing copies of documents required as per checklist.

6 We shall be thankful, if the application is placed before the Executive Committee of the Association for approval.

7 Enclosed Cheque / Demand Draft No.: _____ Dated : _____ for Rs. _____

Drawn on _____ being initial membership subscription amount payable.

Place : _____ Dated : _____

Yours Sincerely,

Signature of representative (with Rubber stamp)

Name of Signatory (in block letters) : _____

Proposed by : Mr./Ms. _____

Sign _____

Seconded by : Mr./Ms. _____

Sign _____

Designation : _____

PROFILE OF ESTABLISHMENT

8 Name of Representative : _____ Designation : _____

9 Name of Key Executives :

Name : _____ Designation : _____

Name : _____ Designation : _____

Name : _____ Designation : _____

Name : _____ Designation : _____

- 10 Nature of Activities (Please tick)
- | | | | |
|--------------------------------------------------|-------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Travel Agency | <input type="checkbox"/> Club | <input type="checkbox"/> Consultant | <input type="checkbox"/> Architect Designer |
| <input type="checkbox"/> Dealer in goods | <input type="checkbox"/> Equipment Mfgs. | <input type="checkbox"/> Outdoor Catering | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Fast Food Outlet | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Entertainment center | <input type="checkbox"/> Unit under Project stage |
| <input type="checkbox"/> Others (please specify) | | | |

11 Annual Gross Turnover of the previous year. (Rs. in lacs) _____

NOTE : The information furnished will be kept confidential and used for statistical purposes only.

FOR OFFICE USE

Admitted at The Executive Committee Meeting held on _____ at _____ Regd. No. _____

Receipt No. _____ Date _____ of Rs. _____

SUBSCRIPTION STRUCTURE ASSOCIATE CATEGORY

Category	Subscription	Total	Entrance Fees (one time)
Associate	5000	5000	10000

CHANGE IN ESTABLISHMENT NAME

3000

FINANCIAL YEAR

The Financial Year is from 1st April to 31st March, however if any new members are admitted during the months of February and March, their membership will continue till the end of the next financial year.

MEMBERSHIP CRITERIA

1. Following establishments will be eligible for admission of Associate Membership :

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Clubs</p> <p>b. Suppliers of Goods and Equipments.</p> <p>c. Outdoor Caterers / Mandap Contractors.</p> <p>d. Cafes in restricted areas like Airport/ Railway Station and Sweetmeat shop.</p> | <p>e. Service providers / Credit Card companies / Banks / FOREX Dealers.</p> <p>f. Travel Agents / Tour Operators / Tourist Taxi Operators / Airlines.</p> <p>g. Consultants / Architects / Interior Designer / Event Managers.</p> <p>h. Hotel / Restaurant under project stage with a project cost of not less than Rs. 2.00 Cr . until operational.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Any other establishment, as may be approved by the committee.

2. The minimum turnover of each establishment shall be Rs.1.00 Cr. per annum in case of proprietorship/partnership establishment, unless waived by the Executive Committee.

3. Report of the local Association, affiliated to HRA(WI) or a Senior prominent member from the area, will be called for, if required.

4. The establishment shall hold all requisite licences.

Membership will be accepted / rejected within a maximum period of 60 days of receiving the completed application form.

Service Tax, extra as applicable, will be charged.



HOTEL AND RESTAURANT ASSOCIATION WESTERN INDIA

4, Candy House, Mandlik Road, Colaba, Mumbai 400 001

Tel : 2202 4076/2283 1624/2281 9773 Fax : 2202 3515

Email : secgen@hrawi.com, admin@hrawi.com, membership@hrawi.com www.hrawi.com

CHECK LIST FOR ASSOCIATE MEMBERSHIP APPLICATION FORM

TO BE CONFIRMED AND ATTACHED IN THE ORDER AS SPECIFIED

	YES	NO	ANNEXURE
1. Partnership Deed/ Memorandum & Articles of Associations	<input type="checkbox"/>	<input type="checkbox"/>	A
2. PAN Card	<input type="checkbox"/>	<input type="checkbox"/>	B
3. List of Partners/Directors	<input type="checkbox"/>	<input type="checkbox"/>	C
4. Leaflet about activities of the Establishment	<input type="checkbox"/>	<input type="checkbox"/>	D
5. Subscription Cheque attached	<input type="checkbox"/>	<input type="checkbox"/>	E

(Members based out of Mumbai should furnish DD Payable at Mumbai or a cheque payable at par).

I, hereby confirm that the above information furnished by me is true and correct.

Signature
(Owner/Partner/Managing Director)

Date: _____

With Rubber Stamp of the Establishment

Please note a Reprocessing Charge of Rs.500/- will be levied in the event the application is found incomplete and needs to be resent.

HRAWI reserves the right to cancel/revoke membership of any Establishment for reasons, but not limited to, Misrepresentation of facts, Anti Association activities, or any such reason as decided by the Executive Committee Members.

For Office Use Only

Verified by: _____ Signature: _____

Date: _____