



**HOTEL AND  
RESTAURANT  
ASSOCIATION  
(WESTERN INDIA)**

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**RENEWAL OF ASSOCIATE MEMBERSHIP**

**FORM TO BE FILLED IN BLOCK (CAPITAL) LETTERS ONLY.  
THE SAME SHOULD BE LEGIBLE.**

Date : \_\_\_\_\_

Membership No.: \_\_\_\_\_

**RENEWAL OF MEMBERSHIP FOR THE YEAR 2023 - 2024**

◆ 1 Name of the Establishment: \_\_\_\_\_

Legal Name of the Establishment: \_\_\_\_\_

◆ 2 Enclosed Cheque / Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ for ₹ \_\_\_\_\_

Towards payment of the Annual Membership Subscription for the year \_\_\_\_\_ as per the subscription invoice received from the Association. **(Kindly share your UTR No. if payment done by RTGS/NEFT) \***

GST No. \_\_\_\_\_ (Kindly enclose a copy of the latest GST Challan)

◆ 3 Kindly note that there is  no change in our address/or  our communication address is as under : ( **please tick**  )

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

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Tel : \_\_\_\_\_ Mobile : \_\_\_\_\_ Fax : \_\_\_\_\_

Billing E-mail : \_\_\_\_\_ Web : \_\_\_\_\_

◆ 4 Name of the Contact Person / Representative \* Mr./Ms. \_\_\_\_\_

Designation\*: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

◆ 5 As an Associate Member our establishment is specializing in the following product / services utilized by the Hospitality Industry:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Thanking you,  
Yours faithfully,

Signature and Stamp of the member establishment.

◆ **All Fields Compulsory.**