



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

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RENEWAL OF AFFILIATE MEMBERSHIP

FORM TO BE FILLED IN BLOCK (CAPITAL) LETTERS ONLY.

Date : _____

THE SAME SHOULD BE LEGIBLE.

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 We would like to inform you that our total student and faculty strength as on date is _____ and _____ respectively. A list of the courses conducted by the college is attached.

During the year, we carried out several activities for the benefit of the students and some of the main activities were as under:

1. _____ 2. _____ 3. _____

Thanking you,
Yours faithfully,

Signature and Stamp of the member establishment.

Encl : List of courses.

◆ **All Fields Compulsory.**