



MEMBERSHIP APPLICATION NEW RENEWAL

Date: _____ / _____ / _____

Annual Membership Fee: \$250 Regular (Restaurants, Bars, etc) \$375 (Supplier/Vendor Membership)
 \$400 National Supplier Vendor \$500 Strategic Partner Vendor \$1750 Chairman's Circle

Decision Maker: Owner Manager Corporate Executive Department Head Other

 (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

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Business Name:(dba) _____

Corporate Name: (if applicable) _____

Address: _____

City _____ State _____ ZipCode _____

 (Work Phone) (Fax Number) (E-mail address)

Billing Address (if different from above) _____

Membership Referred By: _____

MEMBERSHIP PROFILE THIS INFORMATION IS NOT REPORTED INDIVIDUALLY AND IS KEPT CONFIDENTIAL. IT IS IMPORTANT TO THE ASSOCIATION AND IS USED FOR PROFILES AND STATISTICAL REPORTING ONLY.

Type of Ownership: Corporation Partnership Year Business Established _____

Affiliation: Single-Unit Independent Single-Unit Franchise
 Multi-Unit Independent Multi-Unit Franchise

Vendor Business - Type of Service Provided _____

Type of Business: Restaurant Bar/Tavern Night Club Hotel

Type of Cuisine:
 Chinese Mexican Continental Seafood Barbeque
 Japanese Italian Other Ethnic Pizza Burger
 Other Asian French American Chicken Health/Specialty
 Other Please Specify: _____

ABC License (s) Number _____

Number of California Locations _____ Total Number of Seats (CA) _____
 Total Number of Employees (CA) _____ Annual Payroll (CA) _____

Payment Options:

\$400 National Supplier Vendor \$500 Strategic Partner Vendor \$1750 Chairman's Circle

Check Enclosed: Check # _____

Please Check One: Credit Card Visa MC AX Discover

Account#: _____ Expiration Date: _____

Account Holder: _____ Signature: _____

Billing Address: _____ City/ZipCode: _____

Cash Check Regular Membership (\$250) Supplier Vendor(\$375)