



**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)

\_\_\_\_\_  
 (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

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: \_\_\_\_\_ CVV (Sec Code) \_\_\_\_\_

Account Holder: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City/ZipCode: \_\_\_\_\_

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