FOOD&BEVERAGE ASSOCIATION of SAN DIEGO
Hospitality's Go-To-Source

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)

Business Name:(dba)_____

Corporate Name: (if applicable)_____

Address:_____

City_____ State _____ ZipCode _____

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

Billing Address (if different from above)_____

OtherLocations:_____

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) ☐

Please remit payment to: F&BA of San Diego County, 3110 Camino del Rio South, #215, San Diego, CA 92108
(619) 228-2291 fax (619) 228-2297 e-mail address: fbasd@foodnbeverage.org