



# Federation of Hotel & Restaurant Associations of India

B-82, 8th Floor, Himalaya House, 23 Kasturba Gandhi Marg, New Delhi - 110 001  
Phones : (011) 23318781 / 82, 23322634, 23322647, 23323770 • Fax : (011) 23322645  
E-Mail : fhrai@vsnl.com • Website : www.fhrai.com

## ASSOCIATE MEMBERSHIP

### APPLICATION FORM

Please make 3 copies. Forward 2 signed copies with a covering letter on your letterhead through the Regional Association. One copy may be retained by you for your records.

For office use only:

Membership No.....

Bill Status:.....

Enclosure:.....

### FHRAI MEMBERSHIP ELIGIBILITY CRITERIA

1. Must be a member of one of our Regional Associations. Please send this application, with D.D. of requisite amount, through your Regional Association. You can apply simultaneously the both the RA and FHRAI.
2. Must be associated with the hospitality industry in some way.
3. Please send listing proforma with this application for publication in Hotel & Restaurant Guide India.
4. Only companies, firms & likewise entities can become a member, not individuals who can take our Publications/Magazine subscription.
5. Hotels and restaurants under construction should apply for associates membership. This can be converted to hotel or restaurant membership instantly after it starts operations.
6. Our associate members are not entitled to FHRAI membership discount cards.

#### Type of Associates ( ✓ )

- Association                       Consultant                       Educational Institution  
 Hotel Chain or Hotel Company     Supplier                       Travel Agent & Tour Operator  
 Hotel / Restaurant under construction     Any Other (Specify) \_\_\_\_\_

1. We wish to enrol our company/firm: \_\_\_\_\_  
(give official registered name of the entity)

which is at (give full address) \_\_\_\_\_

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

Telephone : [STD Code \_\_\_\_\_ ] \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_ Website : \_\_\_\_\_

as Associate Member of the Federation of Hotel & Restaurant Associations of India.

2. Name & Designation of the Chief Executive/Owner: \_\_\_\_\_

3. Name & Designation of Incharge Manager: \_\_\_\_\_

4. We are a member of or applying for membership of (name the Regional Association)
- \_\_\_\_\_
5. Mention names & addresses, phone/fax nos. of your Trade/Professional/Other Associations of which you are a member.
- i. \_\_\_\_\_
- \_\_\_\_\_
- ii. \_\_\_\_\_
- \_\_\_\_\_
- iii. \_\_\_\_\_
- \_\_\_\_\_
6. We agree to abide by the rules and regulations of the Federation.
7. We are enclosing a D.D for Rs. \_\_\_\_\_ in favour of "FHRAI" payable at New Delhi.  
D.D No. \_\_\_\_\_ dated \_\_\_\_\_ Bank name & branch \_\_\_\_\_  
This amount being the Entrance Fee of Rs. \_\_\_\_\_ Annual Membership Fee of Rs. \_\_\_\_\_  
Legal Fund Fee of Rs. \_\_\_\_\_ Listing Fee Rs. \_\_\_\_\_
8. Please place our application before the Executive Committee of the Federation for approval.

Certified that the above information is true and correct to the best of my knowledge.

**To be filled by Regional Association**

Certified that the above applicant is a Member of this Association

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Seal of Regional Association

**Signature** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Official seal of the establishment:**

**ASSOCIATE MEMBERSHIP FEE PAYABLE FOR THE YEAR 2007 - 2008**  
**ANNUAL MEMBERSHIP FEE (IN RUPEES)**

Entrance Fee (One Time)	5850
Annual Subscription Fee+	3225
Annual Listing Fee	2420
Annual Legal Fee	325
Total Fee Payable for new member (Your Membership application should be accompanied by a DD for this amount)	11820

- Entrance Fee is payable only once at the time of enrolment.
- Membership dues (revised if any) are to be paid every year which are valid from April to March.



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### HOTEL & RESTAURANT GUIDE INDIA 2008

#### ASSOCIATES LISTING PROFORMA FOR MEMBERS

Please ✍ in Block Letters only.

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

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

Type of Associates [Please ✓] :

- |  |  |
|--|--|
| <input type="checkbox"/> Associations                  | <input type="checkbox"/> Consultants                     |
| <input type="checkbox"/> Educational Institutions      | <input type="checkbox"/> Hotel Chain's & Hotel Operators |
| <input type="checkbox"/> Suppliers & Service Providers | <input type="checkbox"/> Travel Agents & Tour Operators  |
| <input type="checkbox"/> Any Other (Specify) _____     |  |

1. **Name of the Establishment:** \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone : [STD Code \_\_\_\_\_ ] \_\_\_\_\_

Fax : [STD Code \_\_\_\_\_ ] \_\_\_\_\_

E-mail : \_\_\_\_\_

Website : \_\_\_\_\_

2. **Year of establishment:** \_\_\_\_\_

3. **Locational Profile:** (Please give something relevant and attractive for potential customers)

\_\_\_\_\_

4. **Ownership:** (Name and address of the Company/firm) \_\_\_\_\_

\_\_\_\_\_

5. **Names and Designation of the Key Person**

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

6. **Total No. of Professional Staff:** \_\_\_\_\_

**Total No. of Staff including professional staff:** \_\_\_\_\_

7. *Nature of Business/Activity (Please elaborate on your category ticked above)*

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8. *Details of Services Provided (Please give a profile of your company and its services in not more than 8 lines, preferably pointwise.*

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9. **Approved by** *(if required, like for a Travel Agent) :*

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10. **Branches:** \_\_\_\_\_

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11. **Credit Cards:** *Only following credit cards accepted [Please ✓ ]*

*AMEX, Diners, VISA, Mastercard. Any Other* \_\_\_\_\_

*All major credit cards accepted.*

12. **Member:** *[Please ✓ only one] HRANI, HRAWI, SIHRA, HRAEI*

*Any Other Associations:* \_\_\_\_\_

*Signature*

*Name :* \_\_\_\_\_

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

<i>Stamp/Seal</i>
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