



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

HOTEL MEMBERSHIP

APPLICATION FORM

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

For office use only:

Membership No.....

Bill Status:.....

Discount Cards:.....

Enclosure:.....

FHRAI MEMBERSHIP ELIGIBILITY CRITERIA

1. Must be a member of one of our Regional Associations. It is preferable if the application comes through the concerned Regional Association who will certify your membership.
2. Must be a functioning establishment in operation.
3. Must have minimum 10 rooms or the qualifying criterion of the Regional Association.
4. If the hotel is under construction, only associate membership can be approved. This can be converted to hotel membership once it starts operations.
5. Must have a restaurant in the hotel.
6. Must have all the relevant Municipal/Police or any other required licenses with current validity.
7. Please note that a restaurant in a hotel can also become a separate restaurant member (upto 1 for hotel with 25-100 rooms & upto 2 for above 101 rooms) in our three regions except the area under Hotel & Restaurant Association (Western India).
8. Please send the listing proforma with the application, for publication in Hotel & Restaurant Guide India.

1. We wish to enrol our Hotel _____
(give name of the hotel, not name of the company)

which is at (give full address) _____

City _____ Pin Code _____ State: _____

Telephone : [STD Code _____] _____ Fax: _____

E-mail : _____ Website : _____

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

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

3. Name of Incharge (give designation)/General Manager _____

4. We are a member of or applying for membership of (name the Regional Association) _____

5. We are [Please ✓] 5 Star Deluxe 5 Star 4 Star Heritage 3 Star
 2 Star 1 Star Unclassified

6. Is the hotel classified by Dept. of Tourism, Govt. of India. If yes, validity of approval from _____

7. Does your hotel have a Restaurant Yes No

8. If yes Number of seats in the largest Restaurant (if more than one restaurant) _____
to _____ (Please enclose the classification certificate issued by Deptt. of Tourism, Govt. of India).

9. We have _____ total number of rooms (_____ Single, _____ Double, _____ Suites)

10. Please place our application before the Executive Committee of the Federation for approval and after membership of our Hotel has been approved, issue Membership Cards to our following nominees. Two stamp size (31 mm x 28 mm) photographs of each nominee are enclosed for this purpose (pl. write name of the person on the back of the photograph).

1. Name _____ Designation _____

2. Name _____ Designation _____

(Note: If the hotel takes restaurant membership for one or two of its restaurants, 2 cards will be issued for each such membership)

11. Year in which opened _____
12. Mention names & addresses, phone/fax nos. of your State/City Hotel/Restaurant Associations of which you are a member. State Association _____ Address: _____
Telephone: _____ Fax: _____ E-mail: _____
City Association _____ Address: _____
Telephone: _____ Fax: _____ E-mail: _____
13. We agree to abide by the rules and regulations of the Federation.
14. 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. _____

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:

HOTEL MEMBERSHIP FEE STRUCTURE FOR THE YEAR 2007 - 2008

Star Category	Entrance Fee (in Rupees)	Annual Membership Fee (in Rupees)					Legal Fund @ 10% of Annual Membership Fee
		upto 50 rooms	51 to 100 rooms	101 to 150 rooms	151 to 200 rooms	More than 200 rooms	
5 Star Deluxe	14640	5645	6435	9670	11275	16105	
5 Star	10990	4830	5645	8065	9670	12090	
4 Star, Heritage & 3 Star	7325	3540	4830	6435	8065	9670	
2 Star, 1 Star, & unclassified	5850	3225	4200	5960	7260	8865	

Annual Listing Fee (in Rupees)	upto 50 rooms	51 to 100 rooms	101 to 150 rooms	151 to 200 rooms	201 to 400 rooms	More than 400 rooms
For all categories	2575	3705	3705	3705	5160	6435

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. All Discount Cards are issued from July to June of next year.

TOTAL HOTEL MEMBERSHIP FEE PAYABLE FOR THE YEAR 2007 - 2008

Star Category	Total Annual Membership Dues including Entrance Fee (in Rupees)					
	upto 50 rooms	51 to 100 rooms	101 to 150 rooms	151 to 200 rooms	201 to 400 rooms	More than 400 rooms
5 Star Deluxe	23425	25425	28980	30750	37515	38790
5 Star	18880	20905	23565	25330	29450	30725
4 Star, Heritage & 3 Star	13795	16345	18110	19900	23120	24395
2 Star, 1 Star, & unclassified	11975	14175	16110	17540	20760	22035



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

HOTEL & RESTAURANT GUIDE INDIA 2008

HOTELS LISTING PROFORMA FOR MEMBERS

Please in Block Letters only.

Membership No. _____ City head under which to be listed: _____ Date: _____

1. **Name of the Hotel:** _____

Please note that you must tick the correct category. If you were approved in a star category, but reclassification is in the pipeline, you may give the earlier approved star category. Do not give expected or desired star category as per your project approval by DOT. Please attach the classification certificate which you have received from DOT.

[Please ✓ inside appropriate box]

<input type="checkbox"/> 5 Star Deluxe	<input type="checkbox"/> 5 Star	<input type="checkbox"/> 4 Star	<input type="checkbox"/> Heritage
<input type="checkbox"/> 3 Star	<input type="checkbox"/> 2 Star	<input type="checkbox"/> 1 Star	<input type="checkbox"/> Unclassified

Address _____

City _____ Pin Code _____ State: _____

Telephone : [STD Code _____] _____

Fax : [STD Code _____] _____ E-mail : _____

Hotel Website : _____ Chain Website : _____

2. **Sales & Reservations Information:** (Please include here in not more than 2 lines information on Sales Offices Phone/Fax/Email details, GDS, CRS details, any online reservation services & contacts.)

3. **Ownership:** (Name and address of the Company/firm): _____

4. **Designation: Name and designation of the Key Person** (like MD/CEO/General Manager/Manager etc.)

(i) _____

(ii) _____

5. **Access:** _____ kms. from Airport (name _____) / _____ kms. from Rly.

Stn. (name _____) _____ kms. from Central/Main Bus Stand (name _____)

6. **Other Prominent Locational Advantage :** _____

7. **Air-conditioning:** [Please ✓] Airconditioned - Centrally / Partially. Heated - Centrally / Partially.

8. **Check out time :** _____

9. **Total number of rooms available :**

	Single	Double	Deluxe	Suites	Total
A/C					
Non A/C					
Grand Total					

10. **FIT Tariff:** in [Please ✓] Rs. / US Dollars (*Tariff effective from 1st Oct. 2007 to 30th Sept. 2008.*
Any revision must be intimated to us, particularly tariff effective from 1st Oct. 2007, for Guide 2008.

	European Plan			Modified American Plan			American Plan		
	Single	Double	Suites	Single	Double	Suites	Single	Double	Suites
A/c									
Non A/c									

11. **Group Tariff:** in [Please ✓] Rs. / US Dollars

	European Plan			Modified American Plan			American Plan		
	Single	Double	Suites	Single	Double	Suites	Single	Double	Suites
A/c									
Non A/c									

European Plan - Includes Room charges only; **American Plan** - Includes Room Charges, Breakfast, Lunch & Dinner; **Modified American Plan** - Includes Room Charges, Breakfast, Lunch or Dinner.

12. **Off Season Discount:** Indicate period of off season. **Please indicate discount in percentage only. You can give full off season tariff if the same has been declared and is different from peak season tariff.**

Off season period (specify months)	% Off season discount

13. **Taxes Applicable (in Percentage only) :**

Luxury Tax : _____ % (*Please mention services on which LT is applicable & if it is on: Published Tariff / or Actual*)

VAT : _____ % on F&B, _____ % on Indian Liquor, _____ % on Imported Liquor.

Any other taxes for guests : _____

14. **Do you levy Service charges :** If Yes _____ % on _____

15. **Sales Promotions:** (Please include here in not more than 2 line, information about any special incentive / loyalty programmes or any information that is relevant for Travel Agents, Tour Operators, Travelers to enhance your sales efforts.)

16. **Banquet Facilities :** Total no. of halls _____ Max. capacity in theatre style: Largest: _____ Smallest: _____

17. **F&B Facilities:** No. of Restaurants _____ No. of Bars _____ Cuisine: _____

- 18a. **Special Room Facilities:** (Please do not include standard facilities like H/C running water, Telephone, C.T.V. etc. Only include special non-standards like Tea-Coffee maker, Room Safe, Ironing Board, Butler Service etc. We will not carry them beyond one line).

- 18b. **Other Facilities:** (Please do not include standard & necessary facilities for your star category like Swimming Pool, Shopping Arcade, Beauty Salon, Travel Counter for a 5 Star D hotel. We will carry them only in one line).

- 18c. **Other Services:** (Again, please avoid including routine & standard services for your star category. Keep to the minimum & only mention special services).

19. **Credit Cards:** [Please ✓] All major credit cards accepted. **OR (✓)** AMEX, Mastercard, Diners, VISA.

Specify any other _____

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

Any Other Associations : _____

Signature

Please write name & designation of the signatory in block letters.

Name / Designation : _____

Stamp/Seal