



# 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

## RESTAURANT 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.

<b>For office use only:</b>
Membership No.....
Bill Status:.....
Discount Cards:.....
Enclosure:.....

### FHRAI MEMBERSHIP ELIGIBILITY CRITERIA

1. Must be a member of one of our Regional Associations. Please send this application through it. (You can also apply for membership of RA and FHRAI simultaneously)
2. Must be a functioning restaurant under operation.
3. Must have minimum 25 seats.
4. Must have all the relevant Municipal/Police or any other required licenses with current validity.
5. A Restaurant within the hotel (who is FHRAI member) can also apply for separate membership (except in the Western Region). This is allowed for one restaurant for a hotel with 25-100 rooms & two restaurants for hotels with above 101 rooms. Such restaurant members are also entitled to 2 FHRAI discount cards.
6. Please send enclosed listing proforma along with this application for publication in Hotel & Restaurant Guide India.

1. We wish to enrol our Restaurant: \_\_\_\_\_  
(give name of the Restaurant not 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. We are a member of or have applied for membership of (name the Regional Association)  
\_\_\_\_\_
3. Name & Designation of the Chief Executive/Owner: \_\_\_\_\_
4. Name & Designation of Incharge Manager: \_\_\_\_\_
5. We have \_\_\_\_\_ total number of seats. Cuisine \_\_\_\_\_
6. 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: \_\_\_\_\_

7. We agree to abide by the rules and regulations of the Federation.
8. 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. \_\_\_\_\_
9. Please place our application before the Executive Committee of the Federation for approval. After membership of our Restaurant has been approved, issue Membership Discount Cards to our following nominees. **Two stamp size (31 mm x 28 mm) photographs of each nominee are enclosed for this purpose** (Please write name of the person on the back of photograph).
1. Name \_\_\_\_\_ Designation \_\_\_\_\_
2. Name \_\_\_\_\_ Designation \_\_\_\_\_

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:**

**RESTAURANT MEMBERSHIP FEE PAYABLE FOR THE YEAR 2007 - 2008**

	ANNUAL MEMBERSHIP FEE (IN RUPEES)			
	up to 100 Seats	101-150 Seats	151-200 Seats	More than 200 Seats
Entrance Fee (one time)	5850	5850	5850	5850
Annual Subscription Fee	3225	4015	4830	5645
Annual Legal Fund Fee	325	400	485	565
Annual Listing Fee	2255	2575	2905	2905
<b>Total Fee payable (Your Membership application should be accompanied by a DD for this amount)</b>	<b>11655</b>	<b>12840</b>	<b>14070</b>	<b>14965</b>

- 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.



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### HOTEL & RESTAURANT GUIDE INDIA 2008

#### RESTAURANTS LISTING PROFORMA FOR MEMBERS

Please  in Block Letters only.

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

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

**Government Approved:** [Please  ]  Yes  No

If yes, please enclose the approved letter issued by Deptt. of Tourism, Govt. of India or the Regional Director.

Name of Hotel if the restaurant is located in a hotel \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

2. **Seating Capacity:** \_\_\_\_\_ Seats.

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

6. **Timings:** [ From \_\_\_\_\_ a.m. To \_\_\_\_\_ p.m. ] And  
[ From \_\_\_\_\_ p.m. To \_\_\_\_\_ p.m. ]

7. **Cuisine:** [Please ✓ ]  Indian  Continental  Chinese  Fast food  
**Any Other :** \_\_\_\_\_

We may be classified as a speciality restaurant \_\_\_\_\_

8. **Liquor Service:** [Please ✓ ]  Full Service Bar  Restricted Liquor Service  
 No Liquor Service  Beer Service only

9. **Taxes Applicable (in Percentage / %) :** VAT : \_\_\_\_\_ % on Food & Beverages.  
\_\_\_\_\_ % on Imported Liquor, \_\_\_\_\_ % on indian liquor

Any Other Taxes/ charges ( like service charge etc.): \_\_\_\_\_

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

11. **Smoking:** [Please ✓ ]  All Smoking Areas  Non Smoking Restaurant  
 Separate Smoking & Non Smoking Areas

12. **Banquet Facilities:** \_\_\_\_\_

13. **Entertainment & Amenities:** [Please ✓ ] Music, Colour T.V., Discotheque, Kids Games,  
Outdoor Catering, Valet Parking.

Any Other \_\_\_\_\_

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

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

All major credit cards accepted.

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

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

*Signature*

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

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

*Stamp/Seal*