

HOTEL AND RESTAURANT ASSOCIATION OF NORTHERN INDIA

406/75-76, Manisha Building, Nehru Place, New Delhi – 110 019

Phone: 011-26468103, Telefax: 011- 6236201, Email: hrani@airtelmail.in, hrani.1950@gmail.com

APPLICATION FORM

(Associate Member)

We desire to be elected as a member of the Hotel & Restaurant Association of Northern India as an Associate Member in the following category (✓).

<input type="checkbox"/> Travel Agent	<input type="checkbox"/> Tour Operator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Educational Institute
<input type="checkbox"/> Supplier	<input type="checkbox"/> Organisation	<input type="checkbox"/> Association	<input type="checkbox"/> Others

If elected, we agree to abide by the Memorandum & Articles of Association, to pay the subscription rate for the time being in force and to implement, as far as practicable, the policy of the Association.

Name of the Establishment (Block Letters) _____

Postal Address _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Name of Proprietor(s)/Director(s) _____

Name of General Manager / Manager In-charge _____

Name of authorised representative who will exercise the right of Membership, e.g. attend the Annual General Meeting etc.

Mr/Ms _____ Designation _____

Authorised Signatory _____ Designation _____
(M. D., Director or Proprietor)

Proposed by (Name in capital) _____ Designation _____

Establishment _____ Signature with Official seal _____

Seconded by (Name in Capital) _____ Designation _____

Establishment _____ Signature with Official seal _____

(Application should be proposed and seconded only by an existing member affixing their Rubber Stamp and Signature)

We are enclosing a D.D. of Rs. _____ in favour of "HRANI" payable at New Delhi.

D.D. No. _____ dated _____

Bank & Branch _____

TOTAL MEMBERSHIP FEE FOR ASSOCIATE MEMBERSHIP

Associate Category	Entrance Fee	Annual Subscription including Legal Fund Rs500/-	Service Tax (10.30%)	Total Fee
Associate Category	7,500.00	5,000.00	1287.50	13,787.50

PARTICULARS OF ESTABLISHMENT/FIRM

1. Year of Establishment _____

2. Mention names & addresses, phone/fax nos. of your Trade/Professional/Other Associations of which you are a member.
 - (i) _____

 - (ii) _____

 - (iii) _____

3. Address of Branches, if any, may be indicated _____

4. a) Details of the products manufactured/supplied or the nature of work done for hotels and restaurants. (Please give details of the clients).

- b) If Hotel/Restaurant under construction, give details of investment, rooms, seating capacity & other such relevant information.

5. Please attach a copy of the printed literature _____
6. Strength of staff _____
7. Any other information considered necessary _____

CRITERIA FOR ASSOCIATE MEMBERSHIP

1. Must be associated with the Hospitality Industry in some way.