

HOTEL AND RESTAURANT ASSOCIATION OF NORTHERN INDIA

406/75-76, Manisha Building, Nehru Place, New Delhi - 110 019
Phone: 011 - 26468103, Telefax: 26236201, E-mail: hrani@ndf.vsnl.net.in

APPLICATION FORM (Associate Member)

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

- Travel Agent Tour Operator Consultant Educational Institute
 Supplier Organisation Association 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: _____ Fax: _____ E-mail: _____

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

Name of General Manager / Manager In-charge _____

Name of the authorised representative who will exercise rights 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 _____

TOTAL MEMBERSHIP FEE FOR ASSOCIATE MEMBERSHIP

<i>Entrance Fee</i>	<i>Annual Subscription</i>	<i>Legal Fund</i>	<i>Total</i>
4000.00	1500.00	500.00	6000.00

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 & 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.