

Membership Enrollment Form 2017 - 18

NRAI ASSOCIATE MEMBERSHIP

(Complimentary Membership for Jan – Mar 2017 + Membership for next Financial Year 2017-18 on current rates)

CRITERIA

1. Any business concern, which is directly engaged in the supply of goods and services to the food service industry, shall be eligible to apply for Associate Membership of the Association.
2. To furnish a copy of the valid registration / license.
3. The Managing Committee shall determine admission to membership of NRAI and decision of the Committee shall be final.
4. The Associate members shall do not have any right to vote, though are eligible to attend the AGM.

We want to be enrolled as an Associate Member of the National Restaurant Association of India . We agree to abide by the Memorandum and Articles of the Association, to pay the admission, subscription fees for the time being in force.

1. Company details:

- a. *Name of the Organization / Establishment* _____
- b. *Ownership* _____
- c. *Key products dealing in* _____
- d. *Address* _____
- e. *Tel.* _____ *M.No.* _____ *Fax* _____
Website _____ *Email* _____

2. Contact information of the two key persons in the organization:

Name of the MD / CEO / Director / VP: _____

Tel.: _____ *Full Designation:* _____

Mobile: _____ *Email:* _____

Name of the MD / CEO / Director / VP: _____

Tel.: _____ *Full Designation:* _____

Mobile: _____ *Email:* _____

3. Enclose a copy of the valid registration / license.

4. Name of the authorized representative who will exercise the rights of Membership. Eg. Attending the Annual General Meetings:

Name _____

Full Designation _____ Signature _____

5. Please refer to the Membership Fee Chart on page 3 for fee details and note the following:

- One time admission fee to be paid in full. (Financial Year)
- Annual subscription fee will be prorated quarterly, applicable from the quarter in which the membership is applied for. Service Tax as applicable.
- The above rates of the fee are subject to change without prior notice.
- Payment is to be made by Online Transfer / At Par Cheque / Demand Draft. Payment details are given below.

Name of the Account Holder:	National Restaurant Association of India
Bank Name:	Corporation Bank
A/c No.:	049400301110028
IFSC Code:	CORP0000494
MICR Code:	110017020
Account Type:	Savings
Location:	Hauz Khas, New Delhi - 110016

6. Kindly tick and fill whichever is applicable:

- We have paid INR _____ through Online Transfer, reference no. _____ to 'National Restaurant Association of India' being the one time Admission Fee in Full and Annual Subscription Fee.
- We are enclosing a Cheque / Demand Draft No. _____ for INR _____ in favor of 'National Restaurant Association of India' being the one time Admission Fee in Full and Annual Subscription Fee.

Signature _____ (Authorised Signatory)	Designation _____
Official seal of the establishment	

7. Kindly send the signed and stamped membership form with information of Online Transfer / along with Cheque / DD to the following address:

National Restaurant Association of India
4th floor, Phase-II, PDH House, 4/2 Siri Institutional Area,
August Kranti Marg, New Delhi – 110016.
Phone: 011-41000967, E-mail: info@nrai.org, Website: www.nrai.org

NRAI ASSOCIATE MEMBERSHIP FEE CHART (in INR)

Valid from **01-01-2017** to **31-3-2018**

(Complimentary Membership for Jan – Mar 2017 + Membership for next Financial Year 2017-18 on current rates)

Fees	Amount
Admission Fee	3300.00
Annual Subscription	9500.00
Total	12800.00
Service Tax @ 15%	1920.00
Grand Total	14720.00

Note:

- One time admission fee to be paid in full. (Financial Year)
- Annual subscription fee will be prorated quarterly, applicable from the quarter in which the membership is applied for. Service Tax as applicable.
- The above rates of the fee are subject to change without prior notice.

FOR NRAI OFFICE USE

Decision of the Managing Committee-

APPROVED / NOT APPROVED in the Managing Committee Meeting held on _____

Associate Membership No. _____

Receipt No. _____

Membership effective from ___/___/2017_ to 31/03/2018

Date _____ Signature _____