



PURVEYOR MEMBERSHIP APPLICATION

CENTRAL OHIO RESTAURANT ASSOCIATION
Representing the Central Ohio Restaurant Community since 1956

PLEASE SELECT THE CORRECT DUES BRACKET ACCORDING TO THE NUMBER OF UNITS YOU HAVE IN CENTRAL OHIO

ANNUAL SALES	ANNUAL INVESTMENT
Under \$5 Million	\$250.00
Over \$5 Million	\$500.00

CONTACT INFORMATION

Company Name: _____
 DBA Name: _____
 Contact Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Web site: _____

Preferred Method of Communication:
(Please select one)

Mail
 Email
 Fax

BUSINESS PROFILE

Please complete and return with your annual due check

of Units in Ohio _____

Ohio Bureau of Workers Compensation Policy #'s _____

Provide me with a quote on how much I could save with the CORA Group: Yes/No

Describe your business as you would us to describe it to the restaurant community:

Counties Represented By CORA:



METHOD OF PAYMENT

Check (Please make checks payable to CORA)
 American Express Discover Card Mastercard Visa
 Name on Card: _____
 Credit Card Number: _____
 Verification Number _____ Expiration Date _____
 Signature _____
 Total Amount _____ Date _____

Mail checks to:
 Central Ohio Restaurant Association
 Nancy Brantner
 Miranova Corporate Tower
 Two Miranova Place
 Columbus, Ohio 43215

Sales Representative: _____