



RESTAURANT 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

<u>NUMBER OF UNITS IN CENTRAL OHIO</u>	<u>ANNUAL INVESTMENT</u>
1	\$250.00
2-5	\$350.00
6 or More	\$500.00

CONTACT INFORMATION

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

Preferred Method of Communication:
 (please select one)

Mail

Email

Who in your company handles:

Marketing _____

Government Affairs _____

Human Resources _____

BUSINESS PROFILE

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

of Employees _____

Seating Capacity _____

Cuisine Style _____

Service Style _____

Hours of Operation _____

Party Facilities? _____

Alcohol License? _____

of Years in Business _____

Average Sale Amount _____

What information could we provide that
 would help you with your Business

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: _____