



HOTEL & RESTAURANT ASSOCIATION OF EASTERN INDIA

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

We wish to enrol our establishment as A Member of the Hotel & Restaurant Association of Eastern India.

We are enclosing our Cheque/Demand Draft drawn in favour of Hotel & Restaurant Association of Eastern India covering the applicable charges.

Name of Establishment _____ Year of Establishment (Opening) _____

Ownership: (Name and address of the Company/firm): _____

Address _____

City _____ Pin Code _____ State: _____

Telephone : [STD Code _____] _____

Email: _____ Website: _____

Name of Authorised Signatory: _____ Designation: _____

Email: _____ Mobile: _____

Name of General Manager / Manager In-charge: _____ Mobile _____

(GST) No.: _____ Legal Name of Business: _____

Address of Correspondence: _____

Phone: _____ Email _____

Proposer Name _____ Designation _____

Establishment _____ Membership No. _____

Signature with stamp _____

Seconder Name _____ Designation _____

Establishment _____ Membership No. _____

Signature with stamp _____



HOTEL & RESTAURANT ASSOCIATION OF EASTERN INDIA

PARTICULARS OF THE ESTABLISHMENT

Total Staff Strength: _____

Address for Correspondence _____

Telephone : [STD Code _____] _____ Fax: _____

Email: _____ Website: _____

Approved by (if required, like for a Travel Agent) : _____

Business Activity : Travel Agency Club Consultancy

Dealer in goods & Services Equipment Mfgs. Caterer

Fast Food Outlet Guest House Entertainment Center Bakery

Hotel in Project Stage Architect / Designer Hospitality Education

Details of Services Provided (Please give a profile of your company and its services in not more than 8 lines, preferably point wise.

Any other information considered necessary : _____

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Hotel Management Institutes, Wine Merchants, Provision Merchants, Travel Agents, Taxi Operators, Manufacturers and Suppliers of Hotel ware, Consultants etc. are eligible for Associate Membership. Please enclose a copy of your **Trade License or any other** Licence requistration applicable in your area, ANNUAL REPORT WITH BALANCE SHEET AND PROFIT & LOSS ACCOUNT SIGNED BY AUDITORS. with your application form.

Note: IN CASE OF
PROPRIETORSHIP - PHOTOCOPY OF TRADE LICENCE
PARTNERSHIP FIRM - PARTNERSHIP DEED
COMPANY - MEMORANDUM AND ARTICLES OF ASSOCIATION

ASSOCIATE MEMBERSHIP FEES	
PARTICULAR	
Entrance Fee (One Time) *	5000.00
Annual Subscription	4500.00
Legal Fund @ 20%	900.00
GST @ 18%	1872.00
Grand Total	12272.00



HOTEL & RESTAURANT ASSOCIATION OF EASTERN INDIA

NOMINATION FORM FOR 15% HRAEI DISCOUNT CARD

APPLICABLE ON FOOD, BEVERAGES, LIQUOR AND ACCOMODATION

Membership No: _____

Name of Establishment: _____

Address: _____

Nominee: 1

Please
paste
Photograph
of stamp
size

PLEASE WRITE IN CAPITAL LETTERS ONLY

Name _____

Designation _____

Nominee: 2

Please
paste
Photograph
of stamp
size

PLEASE WRITE IN CAPITAL LETTERS ONLY

Name _____

Designation _____

Signature of person authorizing the cards:

Name: _____

Designation: _____

Date: _____

Stamp / Seal