APPLICATION FOR ASSOCIATE MEMBERSHIP

RESTAURANTS ASSOCIATION OF IRELAND

FULL NAME OF APPLICANT (BLOCK CAPITALS ONLY) _____

POSITION _____

NAME AND ADDRESS OF APPLICANT COMPANY _____

_____

TEL. NO. _____ FAX. NO. _____ MOB. NO. _____

EMAIL: _____ WEBSITE: _____

TYPE OF BUSINESS _____

DECLARATION: I hereby apply for ASSOCIATE MEMBERSHIP of the Restaurants Association of Ireland for the above Company and undertake, if elected, to abide by the Articles of the Association and the Association's Charter of Good Practice.

I wish to make payment by way of :

❑ **Cheque** (enclosed) ❑ **Quarterly** or ❑ **Annual Direct Debit** (form completed) ❑ **Credit Card** **Membership Fee** _____

CREDIT CARD Number: | | | | | | | | | | | | | | | | Name on Card: _____ Expiry Date:_____/_____

SIGNATURE OF APPLICANT: _____ DATE: _____

ASSOCIATE MEMBERSHIP OF THE RESTAURANTS ASSOCIATION OF IRELAND

- The RAI is the representative body of the restaurant sector and membership includes restaurants from all over Ireland.
- Associates are encouraged through the Association's administration office to promote their goods and services to the membership. This is done both in a fortright fashion through direct sponsorship or through the Association's networking procedure.
- Through the Association's news bulletin Food For Thought magazine and its website www.rai.ie, free editorial is available at all times to Associate Members.
- Associates are invited to join all national and branch social gatherings.
- The Association's mailing lists are available at all times to Associates.
- The RAI can, in conjunction with Associates, launch or promote a special product or service for the Company.
- Services such as insurance facilities and group health insurance schemes are also at the disposal of Associates.
- Findings or research studies of the sector undertaken by the RAI are available to Associates.

DIRECT DEBIT FORM

TO BE RETURNED TO: THE RESTAURANTS ASSOCIATION OF IRELAND

11, Bridge Court, City Gate, St. Augustine Street, Dublin 8.
Originator No. 300611

TO THE MANAGER,

BANK NAME: _____

BRANCH ADDRESS: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER _____ SORT CODE ____/____/____ SWIFT CODE _____

I/We instruct you to pay direct debits from my Account at the request of the Restaurants Association of Ireland. The amounts are variable and will be debited on various dates. I understand that the Restaurants Association of Ireland may charge the amounts and dates only after giving me prior notice. I will inform the bank and the Restaurants Association of Ireland in writing if I wish to cancel this instruction.

Authorised Signature(s)_____

FOR OFFICE USE ONLY

The Restaurants Association of Ireland Limited
11, Bridge Court, City Gate, St. Augustine Street, Dublin 8. Tel: (01) 677 9901 Fax: (01) 671 8414 E-mail: info@rai.ie

Customer Ref. _____ The Association will forward this form to your bank.