APPLICATION FOR 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: _____

PROPOSED BY: _____

NAME AND ADDRESS OF OTHER RESTAURANTS YOU ALSO WISH TO JOIN NO. OF STAFF

_____

_____

_____

IF RESTAURANT IS A LIMITED COMPANY ENTER THE FOLLOWING:

NAME OF COMPANY: _____ COMPANY NUMBER _____

REGISTERED OFFICE: _____

DECLARATION: I hereby apply for FULL 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: _____

ADDITIONAL INFORMATION

STYLE OF RESTAURANT ❑ FORMAL DINING ❑ POPULAR DINING ❑ COFFEE SHOP

TYPE OF LICENCE ❑ WINE ON ❑ WINE ON WITH RESTAURANT CERTIFICATE ❑ SPECIAL RESTAURANT LICENCE ❑ OTHER

NUMBER OF COVERS _____ **OPEN** ❑ ALL YEAR ❑ SEASONAL* *Denotes open for 8 months or less a year.

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.