

APPLICATION FOR MEMBERSHIP OF THE RESTAURANTS ASSOCIATION OF IRELAND

RESTAURANT NAME _____

RESTAURANT ADDRESS _____

PROPRIETOR/MAIN POINT OF CONTACT FOR THE BUSINESS: _____

RESTAURANT TEL. NO _____ FAX NO _____ MOBILE NUMBER(REQUIRED) _____

EMAIL : _____ ADDITIONAL EMAIL ADDRESS _____ WEBSITE: _____

IF THE RESTAURANT IS A LIMITED COMPANY PLEASE ENTER THE FOLLOWING INFORMATION:

NAME OF COMPANY _____

COMPANY NUMBER _____

REGISTERED OFFICE _____

DECLARATION:

I HEREBY APPLY FOR FULL MEMBERSHIP OF THE RESTAURANTS ASSOCIATION OF IRELAND FOR THE ABOVE COMPANY. I UNDERTAKE TO ABIDE BY THE ARTICLES OF THE ASSOCIATION AND THE ASSOCIATIONS CHARTER OF GOOD PRACTICE.

TYPE OF MEMBERSHIP (PLEASE TICK)

FULL RESTAURANT GASTRO PUB COFFEE SHOP SEASONAL MEMBERSHIP

I WISH TO MAKE PAYMENT BY WAY OF (PLEASE TICK YOUR PREFERRED OPTION).

1. ANNUAL PAYMENT : CHEQUE CREDIT CARD or DIRECT DEBIT
2. QUARTERLY DIRECT DEBIT OR CREDIT CARD (PLEASE FILL OUT DD FORM BELOW)
3. MONTHLY DIRECT DEBIT OR CREDIT CARD (PLEASE FILL OUT DD FORM BELOW)

CREDIT CARD NUMBER _____ (MASTERCARD, VISA AND LASER ACCEPTED)

EXPIRY DATE ____/____/____ 3 DIGIT SECURITY CODE _____ NAME ON CARD _____

SIGNATURE OF APPLICANT _____

DIRECT DEBIT FORM

TO BE RETURNED TO THE RESTAURANTS ASSOCIATION OF IRELAND
11 BRIDGE COURT CITYGATE ST. AUGUSTINE ST. DUBLIN 8
ORIGINATOR NO. 300611

TO THE MANAGER _____

BANK NAME _____

BRANCH ADDRESS _____

ACCOUNT NAME _____

ACCOUNT NUMBER _____

SORT 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. _____

FOR OFFICE USE ONLY

THE RESTAURANTS ASSOCIATION OF IRELAND LTD. 11 BRIDGE COURT CITY GATE ST AUGUSTINE ST. TEL: 01 6779901 FAX: 01 6719901
EMAIL: INFO@RALIE

CUSTOMER REFERENCE _____ THE ASSOCIATION WILL FORWARD THIS FORM TO YOUR BANK.