



Arkansas Restaurant Association Membership Application



603 Pulaski * PO Box 3866, Little Rock, AR 72203
Phone (501)376-2323 * Fax (501)376-6517
e-mail: aha@arhospitality.org * website: arhospitality.com

Property Information

Franchise/Chain (circle one) yes no Number of seats _____ **List additional locations on back.**

Property Name _____ Type/Specialty _____

Mailing Address _____ Street Address _____

City _____ State _____ Zip+4 _____ County _____

Telephone _____ Fax _____ Toll Free _____

e-mail _____ Website _____
(see back)

Contact _____ Title _____

Is alcohol served: (circle one) Yes No Is smoking permitted: (circle one) Yes No

Corporate Ownership Information

Corporate Name _____

Address _____

City _____ State _____ Zip+4 _____

Telephone _____ Fax _____ Toll Free _____

Corporate Contact _____ Title _____

Dues Schedule

Based on Annual Volume of Sales

Membership in the Arkansas Restaurant Association gives you dual membership in the National Restaurant Association

Include \$60.00 for each additional \$200,000 in volume of sales above \$1,000,000

_____ \$1,000,000 to \$750,000.....\$555.00	_____ \$299,000 to \$200,000\$290.00
_____ \$749,000 to \$500,000.....\$450.00	_____ \$199,000 to \$150,000\$265.00
_____ \$499,000 to \$400,000\$395.00	_____ \$149,000 to \$100,000\$200.00
_____ \$399,000 to \$300,000\$340.00	_____ Under \$100,000\$175.00

Multi-unit operations pay by volume, then include \$50.00 for each location up to 10, plus \$20.00 for each location over 10.

Authorizing Signature _____ Referred by _____

Enclosed please find a check for \$ _____ payable to the Arkansas Hospitality Association.

Please charge \$ _____ to my credit card _____ Expiration date _____
(American Express, Discover, Visa, MasterCard)

Your membership dues investment is tax deductible, not as a charitable contribution, but as a business expense. Your association estimates that 80% of your membership will be deductible for federal income tax purposes, according to the "Omnibus Budget Reconciliation Act of 1993.

Restaurant Member Application

Additional Locations (You may copy this form for additional locations)

Property Name _____ Type/Specialty _____ Number of seats _____

Mailing Address _____ Street Address _____

City _____ State _____ Zip+4 _____ County _____

Telephone _____ Fax _____ Toll Free _____

e-mail _____ Website _____

Contact _____ Title _____

Is alcohol served: (circle one) Yes No Is smoking permitted: (circle one) Yes No

Property Name _____ Type/Specialty _____ Number of seats _____

Mailing Address _____ Street Address _____

City _____ State _____ Zip+4 _____ County _____

Telephone _____ Fax _____ Toll Free _____

e-mail _____ Website _____

(see back)

Contact _____ Title _____

Is alcohol served: (circle one) Yes No Is smoking permitted: (circle one) Yes No

By providing your e-mail address, you are granting The Arkansas Hospitality Association permission to communicate with you via e-mail. You will be able to opt out of receiving e-mails from us at any time.