Outer Banks Restaurant Association
2016/2017 Annual Membership (Sept-Sept)
Application for Membership/Renewal

All fields must be filled out to be included, please note new info

Legal Business Name:_____

dba as: _____

Physical Location Address: _____

Billing Address: _____

Work Phone: _____ Fax: _____

Contact Name: _____ Contact Cell Phone: (*required*)_____

Main Contact Email: _____

Additional Emails you want included on notifications:_____

Company Website: _____

Fed Tax ID#: (*required for restaurant members*) _____

NC Sales Tax ID#: (*required for restaurant members*) _____

Types of Membership: _____New ____Renewal

___ **Restaurant Owner/Manager Membership** is open to any restaurant owner or manager $200/year

___ **Associate Membership** is open to any person or business serving the restaurant industry or interested in assisting the Association to achieve its goals. $200/year

___ **Small/Walk-up Restaurant Owner/Manager Membership** is open to any restaurant owner or manager of a restaurant seating 25 or less. (Reduced dues of $75/year)

- I hereby certify that I operate the above business with integrity and high ethical standards. I further agree to serve the restaurant industry without misrepresentation and to endeavor to provide the best service that I can.
- I will support the Outer Banks Restaurant Association, abide by rules and stipulations, and strive to project a positive image for our industry and the Association.
- I will comply with the Association bylaws during the conduct of Association business.
- My restaurant will accept OBRA Gift Certificates as valid tender (restaurant members).

_____

Signature Date

Office use only

Billed _____

Check # _____

Dep _____

Dues Payable by October 24, 2016 for full inclusion in website & events.

Make Check Payable to OBRA

Mail dues and application to:

P. O. Box 2283, Kill Devil Hills, NC 27948

Please email your logo (if new) to audreywebster@earthlink.net