



CRA Use Only

2018 RESTAURANT MEMBERSHIP APPLICATION

RESTAURANT AND OWNER CONTACT INFORMATION

Restaurant Name:		Restaurant Phone:
Corp / LLC Name:	Website:	
Restaurant Address:		
City:	State:	Zip Code:
Owner/Partner Name:		Use as Primary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:	Owner/Partner Email*:	
Mailing Address:		
City:	State:	Zip Code:

Add me to the Legislative Committee so that I can participate in issues that will affect my business. (Attend via phone or in person.)

PRIMARY CONTACT (IF DIFFERENT FROM ABOVE)

Contact Name:	Title:
Phone:	Email*:

BILLING CONTACT | CHECK IF SAME AS PRIMARY

Contact Name:	Title:	
Phone:	Email*:	
Mailing Address:		
City:	State:	Zip Code:

*NOTE: We do not share email addresses with 3rd parties. Your information is safe with us.

YOUR CRA CONTACT: DEVANY MCNEILL | dmcneill@corestaurant.org | Cell Phone: 303-717-0939

RESTAURANT MEMBER INFORMATION

I AM A PROSTART GRADUATE! YES NO
 I AM INTERESTED IN BECOMING A PROSTART MENTOR! YES NO

COLORADO RESTAURANT ASSOCIATION MEMBERSHIP DUES

Select total annual gross food & beverage sales of the establishment OR of all operations under single ownership.
 95.2% of dues may be deducted as a business (not charitable) expense.

Annual Gross Sales	Annual Dues	Monthly Dues	Annual Gross Sales	Annual Dues	Monthly Dues
<input type="checkbox"/> \$0 - \$500,000	\$525	\$43.75	<input type="checkbox"/> \$4,000,001 - \$7,000,000	\$2,000	\$166.67
<input type="checkbox"/> \$500,001 - \$750,000	\$710	\$59.17	<input type="checkbox"/> \$7,000,001 - \$10,000,000	\$2,715	\$226.25
<input type="checkbox"/> \$750,001 - \$1,000,000	\$935	\$77.92	<input type="checkbox"/> \$10,000,001 - \$20,000,000	\$3,625	\$302.08
<input type="checkbox"/> \$1,000,001 - \$2,000,000	\$1,235	\$102.92	<input type="checkbox"/> Over \$20,000,000	\$4,410	\$367.50
<input type="checkbox"/> \$2,000,001 - \$4,000,000	\$1,620	\$135.00			

PAY ANNUALLY OR PAY MONTHLY

VIA CREDIT CARD: American Express Discover MasterCard Visa

Credit Card No.:

Exp. Date:

Billing Zip Code: 3 or 4 # Code: Name on Credit Card:

VIA ACH WITHDRAWAL: Attached OR scan and email a VOIDED check OR enter the following information:

Bank Name:

Bank Address:

Bank Routing No.:

Account No.:

IMPORTANT: THIS IS AN ANNUAL AGREEMENT. I understand that annual dues rates are subject to change upon renewal. I hereby authorize the CRA to initiate payments via ACH withdrawals or credit card charges from the above account. Authorization for ACH and credit card charges shall remain in effect until first annual dues have been paid and thereafter until written notice is received by the CRA, in accordance with all terms and conditions contained herein.

4.8% of dues, used for lobbying purposes, are not deductible for income tax purposes. Memberships are non-transferable and non-refundable. By becoming a member and paying your dues, you agree to the Bylaws and Constitution of the CRA. CRA membership does not guarantee participation in group benefits. This firm or individual certifies that the information provided is correct and agrees to all the statements on this application.

SIGNATURE:

DATE:

PERSONALIZE YOUR MEMBERSHIP

I WOULD LIKE TO RECEIVE THE FOLLOWING EMAILS:

ALL Weekly Newsletter Restaurant News Briefs ("CRA Today") NONE

I AM INTERESTED IN SERVING ON:

CRA CHAPTER Board of Directors CRA STATE Board of Directors
 Legislative Committee Membership Committee Programs & Events Committee

WHAT ARE YOUR PRIMARY CONCERNS?

ADA Issues Service Dogs Food Code HR Issues Healthcare Liquor Law / Regulations Marijuana
 Minimum Wage Overtime Paid Sick Leave Restrictive Scheduling Service Charges Small Business Issues
 Taxes Tip Pooling Tourism Wage & Hour Other: _____