



CRA Use Only

2019 RESTAURANT MEMBERSHIP APPLICATION

When you join the CRA, you invest with like-minded industry professionals to achieve those things which alone cannot be accomplished.

CONTACT INFORMATION

Restaurant Name:		Restaurant Phone:
Corp / LLC Name:	Website:	
Location 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:

Please add me to the Legislative Committee so that I can participate in issues that will affect my business.

Add to email reminders via Nick Hoover, Government Affairs Manager.

PRIMARY CONTACT | CHECK IF SAME CONTACT LISTED 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	Monthly	Annual Gross Sales	Annual	Monthly
<input type="checkbox"/> \$0 - \$500,000	\$540	\$45	<input type="checkbox"/> \$4,000,001- \$7,000,000	\$2,060	\$172
<input type="checkbox"/> \$500,001 - \$750,000	\$730	\$61	<input type="checkbox"/> \$7,000,001- \$10,000,000	\$2,795	\$233
<input type="checkbox"/> \$750,001 - \$1,000,000	\$965	\$80	<input type="checkbox"/> \$10,000,001- \$20,000,000	\$3,735	\$311
<input type="checkbox"/> \$1,000,001 - \$2,000,000	\$1,270	\$106	<input type="checkbox"/> Over \$20,000,000	\$4,540	\$378
<input type="checkbox"/> \$2,000,001 - \$4,000,000	\$1,670	\$139			

PLEASE CHOOSE HOW YOU WISH TO PAY: ANNUAL (IN FULL) OR MONTHLY

VIA ACH WITHDRAWAL (Preferred)

Bank Name:

Bank Address:

Bank Routing No.:

Account No.:

VIA CREDIT CARD

Choose: American Express Discover MasterCard Visa

Credit Card No.:

Exp. Date:

Billing
Zip Code:

3 or 4
Digit Code:

Name on Credit Card:

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

DO **NOT** ADD ME TO THE CRA EMAIL LIST (YOU MAY MISS IMPORTANT COMPLIANCE INFORMATION!)

PLEASE SUPPLY THE FOLLOWING FREE SIGNAGE (ADD QUANTITY IF MORE THAN ONE):

LABOR LAW POSTERS (FED & STATE) _____ NO ALCOHOL TO MINORS SIGN _____
 BATHROOM HANDWASHING SIGNS (LARGE & SINK) _____ NO ALCOHOL BEYOND THIS POINT SIGNS _____

I AM INTERESTED IN (CHECK ALL THAT APPLY)

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

A heartfelt THANK YOU for supporting Colorado's amazing hospitality industry through your membership