



# 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](mailto: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.....\$525.00	_____ \$299,000 to \$200,000 .....\$275.00
_____ \$749,000 to \$500,000.....\$425.00	_____ \$199,000 to \$150,000 .....\$250.00
_____ \$499,000 to \$400,000 .....\$375.00	_____ \$149,000 to \$100,000 .....\$190.00
_____ \$399,000 to \$300,000 .....\$325.00	_____ Under \$100,000 .....\$165.00

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 Holly Heer

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

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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

<p><b>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.</b></p>
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