



Outer Banks Restaurant Association
2014/2015 Annual Membership (Sept-Sept)
Application for Membership/Renewal

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

Official Business Name: _____

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)* _____ NC Sales Tax ID#: *(required)* _____

Types of Membership:

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

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

___ **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 \$75.00)

- 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 Dare County Restaurant Association 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.

Office use only

Billed _____

Check # _____

Dep _____

Signature _____

Date _____

Dues are \$200 (\$75 for small/walk-up restaurants)

Payable by October 31, 2014 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