



Outer Banks Restaurant Association  
**2015/2016 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, 2015 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](mailto:audreywebster@earthlink.net)**