



NEBRASKA RESTAURANT ASSOCIATION ALLIED MEMBERSHIP APPLICATION



ALLIED DUES INVESTMENT

Total Number of Employees	Annual Dues
<input type="checkbox"/> 1 - 5 Employees	\$ 200
<input type="checkbox"/> 6-14 Employees	\$ 290
<input type="checkbox"/> 15-24 Employees	\$ 395
<input type="checkbox"/> 25-49 Employees	\$ 500
<input type="checkbox"/> 50-99 Employees	\$ 600
<input type="checkbox"/> 100-199 Employees	\$ 750
<input type="checkbox"/> 200 & over	\$ 975

Nebraska Restaurant Association membership dues are not deductible as charitable contributions, but may be tax deductible as an ordinary and necessary business expense. 75% of your dues is deductible. This firm or individual certifies that the foregoing statements are correct and agrees that, if accepted for membership, the firm or individual will be governed by the Bylaws and Constitution of the Nebraska Restaurant Association. By becoming a member, you are authorizing us to send information on products and services by phone and FAX under U.S. C. 47 sec. 227.

ALLIED MEMBERSHIP REQUIREMENTS

An allied trade firm, broker, factory representative, professional personal or firm, or any person or firm selling goods or services to members of the Nebraska Restaurant Association.

BUSINESS NAME _____
 CORPORATE NAME _____
 CONTACT NAME _____
 TITLE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 BUS. PHONE () _____
 FAX () _____
 E-MAIL ADDRESS _____
 WEBSITE ADDRESS _____
 BILLING ADDRESS, IF OTHER THAN ABOVE _____

CALENDAR OF EVENTS

Describe type of goods or services

Please list all trade show dates and locations, along with any other events that you would like us to include in the MainCourse magazine calendar of events. This is a complimentary service for Allied Members.

ONE-YEAR DUES INVESTMENT

ANNUAL DUES\$ _____
 HOSPITALITY EDUCATION FOUNDATION* ..\$ _____
TOTAL ENCLOSED\$ _____

*OPTIONAL

FOR PAYMENT BY CREDIT CARD PLEASE COMPLETE BELOW:

CARD TYPE Amex Discover Diners Club MasterCard Visa

CARD NUMBER _____ - _____ - _____ - _____

EXP DATE ____ / ____

"I hereby authorize the NRA to charge the above card number for payment of dues."

SIGNATURE _____

I WAS REFERRED BY: _____

RETURN THIS APPLICATION WITH YOUR DUES PAYABLE TO:

Nebraska Restaurant Association • 1610 S 70th Street, Suite 101, Lincoln, NE 68506

402.488.3999 • 402.488.4014 (fax) • Toll-Free 800.770.8006 • www.nebraska-dining.org • dineout@windstream.net (e-mail)