

Nebraska Restaurant Association membership dues are not deductible as charitable contributions, but may be tax deductible as an ordinary & necessary business expense. 90% 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, email and FAX under U.S. C. 47 sec. 227.

## Dues Investment

### Single Restaurant

\*\$30.00 per month on EFT

### Multiple Restaurants

\*\$360 per year plus \$90 per establishment

\*With option to pay one time annual dues of \$360.00.

If gross sales are less than \$250,000 contact Brandy Nielson at 402.488.3999 ext. 2 for a special annual rate.

### Affiliate Institutional Membership \$150

Organizations which are engaged in institutional food service, such as hospitals, schools, nursing homes & employee cafeterias.

## One Year Dues Investment

Annual Dues.....\$ \_\_\_\_\_

No. of Multi-Units — @ \$90 each.....\$ \_\_\_\_\_

Hospitality Education Foundation\* .....\$ \_\_\_\_\_

TOTAL ENCLOSED.....\$ \_\_\_\_\_

\*optional

### Credit Card

American Express  Discover  MasterCard  Visa

Name as it appears on card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

I authorize the NRA to charge my account as instructed until either party notifies the other in writing in advance of 30 days of any changes.

### Authorization Signature

I understand my membership continues from year to year and is automatically renewed. I also understand my credit card or checking account will be electronically debited on the 15th of each month. I understand if I choose to discontinue my membership I must give written notice to the Nebraska Restaurant Association 30 days prior to the next scheduled monthly payment. I certify the foregoing statements are correct and agree, if accepted for membership, my membership will be governed by the Bylaws of the Nebraska Restaurant Association.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Corporate Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

**Billing Information if different than above.**

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Important Restaurant Information

Copy this form for each restaurant location if needed.

Featured Cuisine: (circle all that apply)

American	Cajun	Creole	Indian	Pizza
Asian	Cafe	Czech	Italian	Seafood
BBQ	Cafeteria	Deli	Japanese	Southern
Bakery	Caterer	Fast Casual	Kosher	Southwestern
Bagel	Chinese	Fast Food	Latin	Steak House
Bar	Coffee House	French	Mediterranean	Thai
Bar & Grill	Continental	German	Mexican	Vegetarian
Buffet	Country Club	Greek	New American	Yogurt
				Other _____

Restaurant Location \_\_\_\_\_

Average Check per person:  Under \$25  \$25 or more

Reservations:  Required  Suggested  Not Required

Scope of Foodservice:  Breakfast  Lunch  Dinner

Do you serve alcoholic beverages?  Yes  No

Credit Cards:  Amex  Discover  Diners Club  MasterCard  Visa

Seating #: \_\_\_\_\_

Return this application with your dues payable to:

Nebraska Restaurant Association | 1610 S. 70th Street, Ste. 101 | Lincoln, NE | 68506

p 402.488.3999 | f 402.488.4014 | Email: bnielson@nebraska-dining.org | dineout@nebraska-dining.org