

Membership Application

Greater Charleston Restaurant Association

Membership Application for Your National, State and Local Restaurant Associations



Corporate Name / Parent Company _____

Restaurant Name / DBA _____

Contact Name _____ Title _____

Address _____ City/State/Zip _____

Phone (_____) _____ E-mail: _____

FAX (_____) _____ Corporate Website _____

Owner's Name _____

Member Type - Check Most Appropriate

Restaurant Foodservice (Principle business is restaurant, bar, lounge, nightclub, caterer, institutional feeder, or tavern) See Dues Chart Below
Dues are based on your total annual food & beverage sales for all locations in South Carolina. Your dues covers membership in the Greater Charleston Restaurant Association, the National Restaurant Association, the Hospitality Association of South Carolina. Your membership renewal will be from the Hospitality Association of South Carolina on behalf of all three organizations.

Annual Food & Beverage Gross Sales	Annual Dues	Annual Food & Beverage Gross Sales	Annual Dues
<i>If your sales are under \$250,000, please contact us</i>		\$5 million - \$6 million	\$ 850
\$250,001 - \$500,000	\$ 300	\$6 million - \$7 million	\$ 920
\$500,001 - \$1 million	\$ 375	\$7 million - \$8 million	\$ 990
\$1 million - \$2 million	\$ 520	\$8 million - \$9 million	\$1,060
\$2 million - \$3 million	\$ 585	\$9 million - \$10 million	\$1,125
\$3 million - \$4 million	\$ 700	Over \$10 million	\$1,125 plus \$70 per million over \$10 million
\$4 million - \$5 million	\$ 770		

Do you sell alcohol?
 Full License B&W Only None

Your dues includes membership in the



Supplier Associate

Greater Charleston Restaurant Association and State Association membership only, does not include National Restaurant Association Principle business is supplier of product or service to foodservice industry. Your membership renewal will be from the Hospitality Association of South Carolina on behalf of both organizations.

Associate Member Dues \$300
 Additional mailings \$150 each

Primary product or service _____

Payment Method -

Dues from Above \$ _____ Foodservice Associate

Check Enclosed Charge my Credit Card (CHECK ONE) ___ VISA ___ MC ___ AMEX ___ Discover

Card # _____ Name on Card _____

Expiration Date _____ Signature _____

Member Sponsored by _____

Please return with payment to:

GREATER CHARLESTON RESTAURANT ASSOCIATION • 423 King Street • Charleston, South Carolina 29403
www.CharlestonRestaurantAssociation.com • (843) 577-4030 • FAX (843) 853-0444