



**HOTEL AND
RESTAURANT
ASSOCIATION
(WESTERN INDIA)**

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Colaba, Mumbai 400 001
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RENEWAL OF ASSOCIATE MEMBERSHIP

**FORM TO BE FILLED IN BLOCK (CAPITAL) LETTERS ONLY.
THE SAME SHOULD BE LEGIBLE.**

Date : _____

Membership No.: _____

RENEWAL OF MEMBERSHIP FOR THE YEAR 2022 - 2023

- ◆ **1** Name of the Establishment: _____
Legal Name of the Establishment: _____
- ◆ **2** Enclosed Cheque / Demand Draft No. _____ Dated _____ for ₹ _____
Towards payment of the Annual Membership Subscription for the year _____ as per the subscription invoice received from the Association. **(Kindly share your UTR No. if payment done by RTGS/NEFT) ***
GST No. _____ (Kindly enclose a copy of the latest GST Challan)
- ◆ **3** Kindly note that there is no change in our address/or our communication address is as under : (**please tick**)
Address : _____
City : _____ State : _____ Pin Code : _____
Tel : _____ Mobile : _____ Fax : _____
Billing E-mail : _____ Web : _____
- ◆ **4** Name of the Contact Person / Representative * Mr./Ms. _____
Designation*: _____ Mobile: _____ E-mail: _____
- ◆ **5** As an Associate Member our establishment is specializing in the following product / services utilized by the Hospitality Industry:
1. _____ 2. _____ 3. _____

Thanking you,
Yours faithfully,

Signature and Stamp of the member establishment.

◆ **All Fields Compulsory.**