



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

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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 2024 - 2025

◆ 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.**

By signing this form, you authorize HRAWI to collect and retain your personal identifiable information for official purposes. HRAWI is committed to protecting the privacy and security of personal information. The privacy notice describes how we collect and use personal information.