



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

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**RENEWAL OF RESTAURANT 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 We request you to please send all circulars and emails to the following email Id's: \*
  - Representative Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mob. No.: \_\_\_\_\_
  - General Manager Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mob. No.: \_\_\_\_\_
  - Owner/Chairman Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mob. No.: \_\_\_\_\_
- ◆ 5 Information required for use during Annual Elections:  
**Email Address: where election related information will be sent** \_\_\_\_\_  
**Mobile Number: For receiving OTP:** \_\_\_\_\_
- ◆ 6 Is The Restaurant Classified by the Ministry of Tourism Yes / No Star Category \_\_\_\_\_
- ◆ 7 As on date the seating capacity in our F & B Outlet comprise of: **Restaurant** \_\_\_\_\_ **Bar** \_\_\_\_\_ **Total** \_\_\_\_\_  
**Banquets** \_\_\_\_\_

We request that the Regional Membership Cards to be issued to the following representatives:

**CARD HOLDER – 1:**

**CARD HOLDER – 2:**

|   |                    |
|---|--------------------|
| <b>Affix Photo<br/>of Card<br/>Holder</b> | Name : _____       |
|   | Designation: _____ |
|   | Mobile : _____     |

|   |                    |
|---|--------------------|
| <b>Affix Photo<br/>of Card<br/>Holder</b> | Name : _____       |
|   | Designation: _____ |
|   | Mobile : _____     |

AUTHORISED SIGNATORY OF CARD HOLDER

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- ◆ **RUBBER STAMP OF THE ORGANIZATION \***
- ◆ **All Fields Compulsory.**

Thanking you,  
Yours faithfully.

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.