



HOTEL AND RESTAURANT ASSOCIATION (WESTERN INDIA)

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RENEWAL OF HOTEL 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 Hotel Classified by the Ministry of Tourism Yes/No Star Category _____
- ◆ 7 As on date the number of rooms in our Hotel comprise of: **Single** _____ **Double** _____ **Suite** _____ **Total** _____
- ◆ 8 As on date the seating capacity in our F & B Outlet comprise of: **Restaurant** _____ **Bar** _____ **Banquets** _____

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

CARD HOLDER – 1:

CARD HOLDER – 2:

**Affix Photo
of Card
Holder**

Name : _____
Designation: _____
Mobile : _____

**Affix Photo
of Card
Holder**

Name : _____
Designation: _____
Mobile : _____

AUTHORISED SIGNATORY OF CARD HOLDER

AUTHORISED SIGNATORY OF CARD HOLDER

- ◆ **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.