



# HOTEL AND RESTAURANT ASSOCIATION WESTERN INDIA

4, Candy House, Mandlik Road, Colaba, Mumbai 400 001

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## APPLICATION FORM FOR AFFILIATE MEMBERSHIP

We are desirous of joining as an "Affiliate Member" of the Hotel & Restaurant Association Western India. If admitted, we agree to abide by the rules and regulation of the Association in force from time to time and it shall be our endeavor to adhere to the policies initiated by the Association and further its prestige. The particulars of our Establishment are mentioned below:

1 Name of Establishment : \_\_\_\_\_

2 Registration held in the name of: \_\_\_\_\_

3 Name of Director/Owner/Partner : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_ Web : \_\_\_\_\_

4 Brief profile of Establishment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5 We shall be thankful, if the application is placed before the Executive Committee of the Association for approval and look forward to receipt of the membership confirmation.

6 We are enclosing copies of documents required as per checklist.

7 Enclosed Cheque / Demand Draft No.: \_\_\_\_\_ Dated: \_\_\_\_\_ for Rs.: \_\_\_\_\_

Drawn on \_\_\_\_\_ being initial membership subscription amount payable.

Place : \_\_\_\_\_ Dated : \_\_\_\_\_

Yours Sincerely,

Signature of representative (with Rubber stamp)

Name of Signatory (in block letters) : \_\_\_\_\_

Proposed by : Mr./Ms. \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Seconded by : Mr./Ms. \_\_\_\_\_

Designation : \_\_\_\_\_

Signature \_\_\_\_\_

## PROFILE OF ESTABLISHMENT

8 Name of Representative : \_\_\_\_\_ Designation : \_\_\_\_\_

9 Name of Key Executives :

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

10 Nature of Activities :  Educational Institute  Trade Association

11 List of Courses conducted (attach list)

12 Region of Activity (attach list of members)

13 STRENGTH :

Number of Students \_\_\_\_\_ Members \_\_\_\_\_

Number of Faculty \_\_\_\_\_ Office Staff \_\_\_\_\_

14 Area of Specialisation : \_\_\_\_\_

NOTE : The information furnished will be kept confidential and used for statistical purposes only.

## MEMBERSHIP CRITERIA

1. Following Establishments will be eligible for admission of Affiliated Membership :

(a) Any City/District/State level Trade/Industry Association.

(b) Any IHM/Catering College/Food Craft Institute/Catering Service Training Institute.

(Any from the above should hold a licence or registration either from AICTE/University/State Technical Education Board)

2. There shall be a minimum of 20 members in an Affiliated Association or 30 students in an IHM / Catering Institute.

Membership will be accepted / rejected within a maximum period of 60 days of receiving the completed application form.

### For Office Use Only

Membership Entrance fees and Subscription amount :

Enclosed : Cheque / Demand Draft No.

Date : \_\_\_\_\_ For Rs. : \_\_\_\_\_

Drawn on \_\_\_\_\_ Bank : \_\_\_\_\_ Branch : \_\_\_\_\_

Verified by : \_\_\_\_\_

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

Admitted at the Executive Committee Meeting held on: \_\_\_\_\_ at \_\_\_\_\_ Regd. No. : \_\_\_\_\_

Receipt No. : \_\_\_\_\_ Date : \_\_\_\_\_ of Rs.: \_\_\_\_\_

TO BE CONFIRMED AND ATTACHED IN THE ORDER AS SPECIFIED

	YES	NO	ANNEXURE
1. Last Annual Report	<input type="checkbox"/>	<input type="checkbox"/>	A
2. PAN Card	<input type="checkbox"/>	<input type="checkbox"/>	B
3. List of Committee Members/Trustees	<input type="checkbox"/>	<input type="checkbox"/>	C
4. Registration Certificate with AICTE/ University/ State Technical Education Board	<input type="checkbox"/>	<input type="checkbox"/>	D
5. Brochure about activities of the Establishment	<input type="checkbox"/>	<input type="checkbox"/>	E
6. Photographs of the Campus (Exterior + Few Lecture Rooms)	<input type="checkbox"/>	<input type="checkbox"/>	F
7. Subscription Cheque attached	<input type="checkbox"/>	<input type="checkbox"/>	G
8. GST Challan	<input type="checkbox"/>	<input type="checkbox"/>	H
9. Registration Certificate of GST	<input type="checkbox"/>	<input type="checkbox"/>	I

(Members based out of Mumbai should furnish DD Payable at Mumbai or a cheque payable at par ).

I, hereby confirm that the above information furnished by me is true and correct.

Signature  
(Owner/Partner/Managing Director)

Date: \_\_\_\_\_

With Rubber Stamp of the Establishment

**Please note a Reprocessing Charge of Rs.500/- will be levied in the event the application is found incomplete and needs to be resent.**

HRAWI reserves the right to cancel/revoke membership of any Establishment for reasons, but not limited to, Misrepresentation of facts, Anti Association activities, or any such reason as decided by the Executive Committee Members.