



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

4, Candy House, Mandlik Road,  
Colaba, Mumbai 400 001  
T : 2202 4076/2283 1624/2281 9773 F: 2202 3515  
E: secgen@hrawi.com, asg@hrawi.com,  
membership@hrawi.com, membershopservices2@hrawi.com  
W: www.hrawi.com

**RENEWAL OF RESTAURANT MEMBERSHIP**

**FORM TO BE FILLED IN BLOCK (CAPITAL) LETTERS ONLY.**

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

**THE SAME SHOULD BE LEGIBLE.**

Membership No.: \_\_\_\_\_

**RENEWAL OF MEMBERSHIP FOR THE YEAR 2021 - 2022**

◆ 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:**

**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.