



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

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Colaba, Mumbai 400 001  
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**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 2023 - 2024**

- ◆ **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** \_\_\_\_\_

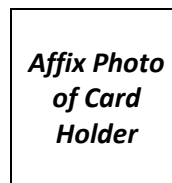
We request that the Regional Membership Cards to be issued to the following representatives:

**CARD HOLDER – 1:**

**CARD HOLDER – 2:**



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



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.