



CRA Use Only

2020 RESTAURANT MEMBERSHIP APPLICATION

When you join the CRA, you invest with like-minded industry professionals
TO ACHIEVE THOSE THINGS THAT CANNOT BE ACCOMPLISHED ALONE.

CONTACT INFORMATION

Restaurant Name/DBA:		Restaurant Phone:
Corp / LLC Name:	Website:	
Location Address:		
City:	State:	Zip Code:
Owner/Partner Name:		Use as Primary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:	Owner/Partner Email*:	
Mailing Address:		
City:	State:	Zip Code:

Join us on our **Legislative Committee** calls to learn about and participate in issues that may affect you.
 YES – please add me to the calendar invites.

PRIMARY CONTACT | CHECK IF SAME CONTACT LISTED ABOVE

Contact Name:	Title:
Phone:	Email*:

BILLING CONTACT | CHECK IF SAME AS PRIMARY

Contact Name:	Title:	
Phone:	Email*:	
Mailing Address:		
City:	State:	Zip Code:

*NOTE: We do not share email addresses with 3rd parties. Your information is safe with us.

YOUR CRA CONTACT: DEVANY MCNEILL | dmcneill@corestaurant.org | Cell Phone: 303-717-0939

RESTAURANT MEMBER INFORMATION

COLORADO RESTAURANT ASSOCIATION MEMBERSHIP DUES

Select total annual gross food & beverage sales of the establishment OR of all operations under single ownership.
95.2% of dues may be deducted as a business (not charitable) expense.

Annual Gross Sales	Annual	Annual Gross Sales	Annual
<input type="checkbox"/> \$0 - \$500,000	\$555	<input type="checkbox"/> \$4,000,001- \$7,000,000	\$2,115
<input type="checkbox"/> \$500,001 - \$750,000	\$750	<input type="checkbox"/> \$7,000,001- \$10,000,000	\$2,870
<input type="checkbox"/> \$750,001 - \$1,000,000	\$990	<input type="checkbox"/> \$10,000,001- \$20,000,000	\$3,830
<input type="checkbox"/> \$1,000,001 - \$2,000,000	\$1,305	<input type="checkbox"/> Over \$20,000,000	\$4,660
<input type="checkbox"/> \$2,000,001- \$4,000,000	\$1,715		

NOTES:

VIA ACH WITHDRAWAL (Preferred)

Bank Name:

Bank Address:

Bank Routing No.:

Account No.:

VIA CREDIT CARD

Choose: American Express Discover MasterCard Visa

Credit Card No.:

Exp. Date:

Billing

3 or 4

Zip Code:

Digit Code:

Name on Credit Card:

IMPORTANT: THIS IS AN ANNUAL AGREEMENT. I understand that annual dues rates are subject to change upon renewal. I hereby authorize the CRA to initiate payments via ACH withdrawals or credit card charges from the above account. Authorization for ACH and credit card charges shall remain in effect until first annual dues have been paid and thereafter until written notice is received by the CRA, in accordance with all terms and conditions contained herein.

4.76% of dues, used for lobbying purposes, are not deductible for income tax purposes. Memberships are non-transferable and non-refundable.

By becoming a member and paying your dues, you agree to the Bylaws and Constitution of the CRA. CRA membership does not guarantee participation in group benefits. This firm or individual certifies that the information provided is correct and agrees to all the statements on this application.

SIGNATURE:

DATE:

PERSONALIZE YOUR MEMBERSHIP

DO **NOT** ADD ME TO THE CRA EMAIL LIST (YOU MAY MISS IMPORTANT COMPLIANCE INFORMATION!)

Please supply THE FOLLOWING SIGNAGE (FREE – add quantity if more than one):

Labor Law Posters (Fed/State/City): _____ No Alcohol to Minors Sign: _____

Handwashing Signs (Restroom/Sink): _____ / _____ No Alcohol Beyond This Point Signs: _____

I AM INTERESTED IN (CHECK ALL THAT APPLY)

CHAPTERS Board of Directors STATE Board of Directors

Legislative Sub-Committee Membership Committee Programs & Events Committee

A heartfelt THANK YOU for supporting Colorado's amazing hospitality industry through your membership.