



MEMBERSHIP APPLICATION



IOWA RESTAURANT ASSOCIATION / NATIONAL RESTAURANT ASSOCIATION DUAL MEMBERSHIP

Gross Annual Sales Volume Dues Amount

Under \$250,000.....	\$275
\$250,000 - \$499,999	\$375
\$500,000 - \$749,999	\$500
\$750,000 - \$999,999	\$600
\$1 million to \$1.5 million	\$800
Over \$1.5 million.....	\$1,150

Please add \$275 per additional establishment for owners with multiple restaurant or retail beverage establishments.

Your annual dues investment is based on total annual food and beverage sales volume.

Ninety-four percent of your dues is deductible as an ordinary and necessary business expense for federal income tax purposes.

Membership continues from year to year and is automatically renewed. I understand my investment covers membership for one year, and I will be invoiced annually. I certify that the foregoing statements are correct and agree that, if accepted for membership, will be governed by the Bylaws of the Iowa Restaurant Association.

(Signature) (Date)

ANNUAL DUES

BUSINESS NAME _____
 CORPORATE NAME _____
 CONTACT NAME _____
 TITLE _____
 ADDRESS _____
 BILLING ADDRESS IF DIFFERENT FROM ABOVE _____

 CITY _____ STATE _____ ZIP _____
 COUNTY _____
 EMAIL _____
 PHONE () _____
 FAX () _____
 WEBSITE _____
 NUMBER OF ESTABLISHMENTS _____
PLEASE ATTACH CONTACT INFORMATION FOR ALL LOCATIONS.
 I WAS REFERRED BY _____

DUES (SEE RATES ABOVE)	\$ _____
POLITICAL ACTION COMMITTEE CONTRIBUTION*	\$ _____
EDUCATIONAL FOUNDATION*	\$ _____
110% CLUB* <i>RECOGNIZED FOR INVESTING 110% IN THE IRA.</i>	\$ _____
ADMINISTRATIVE FEE	\$ <u>25.00</u>
TOTAL ANNUAL INVESTMENT	\$ _____
*OPTIONAL	
<u>METHOD OF PAYMENT</u>	
CREDIT CARD (CIRCLE ONE) EXPIRATION DATE ____/____	
AMERICAN EXPRESS DISCOVER MASTERCARD VISA	
CARD # _____	
NAME ON CARD _____	
ELECTRONIC DEBIT (CIRCLE ONE)	
ANNUALLY BIANNUALLY QUARTERLY MONTHLY	
PLEASE ATTACH A VOIDED CHECK. DEBIT AMOUNT _____	
I AUTHORIZE THE IRA TO ELECTRONICALLY DEBIT MY ACCOUNT. THE DEBIT INSTRUCTIONS WILL REMAIN IN PLACE UNTIL EITHER PARTY NOTIFIES THE OTHER IN WRITING WITHIN 30 DAYS OF ANY CHANGES.	
AUTHORIZATION _____	
CHECK	
CHECK NUMBER _____	
OFFICE USE	
POSTED 4001/5410 _____ DATABASE _____ ED BRIEFS [60 MI] _____ MEMBER BRIEFS _____ FBIQ _____	

DINING GUIDE INFORMATION

Type of restaurant:

<input type="checkbox"/> Quick Service	<input type="checkbox"/> Casual Dining	<input type="checkbox"/> Upscale Casual
<input type="checkbox"/> Bar	<input type="checkbox"/> Quick Casual	<input type="checkbox"/> Family Dining
<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Bar with Food	

One sentence description of your establishment _____

Please return this form with payment to:

IOWA RESTAURANT ASSOCIATION

8525 DOUGLAS AVENUE • SUITE 47 • DES MOINES, IA • 50322 OR FAX TO 515.276.3660

515.276.1454 • 800.747.1453