



MEMBERSHIP APPLICATION

Send completed application with membership dues to

Salt Lake Area Restaurant Association / P.O. Box 3442 / Salt Lake City, UT 84110

For additional information, call 385.419.1030

- | | |
|--|-----------------------|
| <input type="checkbox"/> Membership Fee | \$250 |
| <input type="checkbox"/> Additional Locations (same name) | \$100/location |

Note: Differently branded businesses require separate memberships

GENERAL INFORMATION

Company Name _____
Billing Address _____
City/State/Zip _____
Main Phone _____ Website _____
Owner Name _____ Owner Cell _____
Manager Name _____ Manager Cell _____

ADDITIONAL LOCATIONS

Location #2 Address _____
City/State/Zip _____
Manager Contact _____
Main Phone _____ Manager Cell _____

Location #3 Address _____
City/State/Zip _____
Manager Contact _____
Main Phone _____ Manager Cell _____

(Please use separate sheets for more than three locations)

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NEWSLETTER RECIPIENTS

| | | | | | |
|------|--|-------|--|-------|--|
| Name | | Title | | Email | |
| Name | | Title | | Email | |
| Name | | Title | | Email | |
| Name | | Title | | Email | |
| Name | | Title | | Email | |
| Name | | Title | | Email | |

TEXT ALERT RECIPIENTS *(These are used judiciously)*

| | | | | | |
|------|--|-------|--|------|--|
| Name | | Title | | Cell | |
| Name | | Title | | Cell | |
| Name | | Title | | Cell | |
| Name | | Title | | Cell | |
| Name | | Title | | Cell | |
| Name | | Title | | Cell | |

Signature _____ Date _____

Title: _____

Please remember to email your logo to michele@slara.org