

OREGON *Restaurant* ASSOCIATION

APPLICATION FOR MEMBERSHIP

Owner or Operator's Name and Title	Date
Second Contact Name and Title	Sponsored by

Doing Business As (name of your establishment)	Corporate Name (legal entity)
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Location Street	City	State	Zip
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Mailing Address (if different) Street	City	State	Zip
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County	Business Phone	Fax	Web
			E-mail

OLCC License Type	Additional Locations	Industry Segments	Please check one
<input type="checkbox"/> Full On-Premises Sales <input type="checkbox"/> Limited On-Premises Sales	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many? _____ <i>(please attach a list of additional locations or use the back of this form)</i>	<input type="checkbox"/> Fine Dining <input type="checkbox"/> Casual/Family Dining <input type="checkbox"/> Quick Service <input type="checkbox"/> Bar & Tavern Entertainment	<input type="checkbox"/> Franchise <input type="checkbox"/> Chain <input type="checkbox"/> Independent

Restaurant Membership Dues	Payment Options																																	
<p>Restaurant Member dues are based on annual volume of gross sales of ALL units (food, beverage, and lottery commissions). Please check the category which applies to your operation.</p> <table border="1"> <thead> <tr> <th>Gross Annual Sales Volume</th> <th colspan="2">Annual Dues</th> </tr> <tr> <td></td> <th>Non-Licensed</th> <th>OLCC Licensed</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 249,999 and under.....</td> <td>\$245</td> <td>\$265</td> </tr> <tr> <td><input type="checkbox"/> 250,000 - 499,999.....</td> <td>\$295</td> <td>\$315</td> </tr> <tr> <td><input type="checkbox"/> 500,000 - 999,999.....</td> <td>\$360</td> <td>\$380</td> </tr> <tr> <td><input type="checkbox"/> 1,000,000 - 1,999,999.....</td> <td>\$475</td> <td>\$495</td> </tr> <tr> <td><input type="checkbox"/> 2,000,000 - 2,999,999.....</td> <td>\$580</td> <td>\$600</td> </tr> <tr> <td><input type="checkbox"/> 3,000,000 - 4,999,999.....</td> <td>\$725</td> <td>\$745</td> </tr> <tr> <td><input type="checkbox"/> 5,000,000 - 9,999,999.....</td> <td>\$1165</td> <td>\$1185</td> </tr> <tr> <td><input type="checkbox"/> 10,000,000 or more.....</td> <td>\$1525</td> <td>\$1545</td> </tr> <tr> <td><input type="checkbox"/> # of additional mailings @ \$50 each.....</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	Gross Annual Sales Volume	Annual Dues			Non-Licensed	OLCC Licensed	<input type="checkbox"/> 249,999 and under.....	\$245	\$265	<input type="checkbox"/> 250,000 - 499,999.....	\$295	\$315	<input type="checkbox"/> 500,000 - 999,999.....	\$360	\$380	<input type="checkbox"/> 1,000,000 - 1,999,999.....	\$475	\$495	<input type="checkbox"/> 2,000,000 - 2,999,999.....	\$580	\$600	<input type="checkbox"/> 3,000,000 - 4,999,999.....	\$725	\$745	<input type="checkbox"/> 5,000,000 - 9,999,999.....	\$1165	\$1185	<input type="checkbox"/> 10,000,000 or more.....	\$1525	\$1545	<input type="checkbox"/> # of additional mailings @ \$50 each.....	\$	\$	<p>Payable to the Oregon Restaurant Association 8565 SW Salish Lane, Suite 120, Wilsonville, OR 97070-9633</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Diners Club <input type="checkbox"/> Discover <input type="checkbox"/> Check</p> <p># of payments: <input type="checkbox"/> full amount <input type="checkbox"/> quarterly</p> <p>Card # _____</p> <p>Exp. Date _____ Amount Enclosed \$ _____</p> <p>Name on Card _____</p> <p>In submitting this application, the applicant affirms that the business he or she represents is operated in conformance with recognized ethical standards and accepted business practices of the restaurant and hospitality industry and agrees to abide by the Oregon Restaurant Association bylaws, to support its objectives and interests, and pay dues in accordance with the adjacent dues schedule. Annual dues entitle you to one mailing per membership – please add \$50 for each additional mailing. Contributions or gifts to the Oregon Restaurant Association are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. By becoming a member, you are authorizing us to send information on products and services by phone and fax under U.S.C. 47 sec 227.</p>
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Lottery Commission Assessments												
<p>Attention lottery retailer members: Please add the following assessments to your restaurant dues. Lottery assessments are based on annual retailer commission.</p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/> 24,999 and under.....</td> <td>\$90</td> </tr> <tr> <td><input type="checkbox"/> 25,000 - 49,999.....</td> <td>\$175</td> </tr> <tr> <td><input type="checkbox"/> 50,000 - 99,999.....</td> <td>\$250</td> </tr> <tr> <td><input type="checkbox"/> 100,000 - 149,999.....</td> <td>\$450</td> </tr> <tr> <td><input type="checkbox"/> 150,000 - 299,999.....</td> <td>\$750</td> </tr> <tr> <td><input type="checkbox"/> 300,000 and above.....</td> <td>\$995</td> </tr> </tbody> </table> <p>Lottery assessments are used exclusively for the Lottery Defense Fund.</p>	<input type="checkbox"/> 24,999 and under.....	\$90	<input type="checkbox"/> 25,000 - 49,999.....	\$175	<input type="checkbox"/> 50,000 - 99,999.....	\$250	<input type="checkbox"/> 100,000 - 149,999.....	\$450	<input type="checkbox"/> 150,000 - 299,999.....	\$750	<input type="checkbox"/> 300,000 and above.....	\$995
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<p>Signature _____</p> <p>OREGON <i>Restaurant</i> ASSOCIATION</p> <p>8565 SW Salish Lane, Suite 120, Wilsonville, OR 97070-9633 503-682-4422 or 800-462-0619 • fax 503-682-4455 e-mail info@ora.org • www.ora.org</p>												

List Additional Locations: (if more space is needed, please attach second sheet)

Would you like this unit to receive mail?
(if yes, please add \$50 for each additional mailing to dues payment)

1. _____
 Contact Name Name of Establishment Yes No

 Location Address Mailing Address (if different)

 Business Phone Fax E-mail

2. _____
 Contact Name Name of Establishment Yes No

 Location Address Mailing Address (if different)

 Business Phone Fax E-mail

3. _____
 Contact Name Name of Establishment Yes No

 Location Address Mailing Address (if different)

 Business Phone Fax E-mail

Workers' Compensation Insurance

Renewal Date (if known)	Current Carrier	Estimated Annual Payroll	Average Number of Employees
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Property Liability Insurance

Renewal Date (if known)	Current Carrier	Annual Receipts	Percent of Liquor Sales
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Please Check the boxes for the ORA endorsed member services for which you would like information sent.



- Liberty Northwest**
ORA Group Workers Compensation Insurance
- Liberty Northwest**
ORA Group Property & Liability Insurance



- Micros**
Point of Sale Systems



- Take Charge**
Credit Card Processing



- Aflac**
Supplemental Insurance



- Paychex**
Payroll Services



- Creative Center**
Branding, Advertising, & Webdesign



- Garth T. Rouse & Associates**
ORA Health Insurance Program



- Careington International**
ORA Discount Health Services



- BMI**
Music Licensing



- Standard Biodiesel USA, Inc.**
Waste Vegetable Oil Recycling