Dare County Restaurant Association
Annual Membership Notice
Application for Membership/Renewal

Business Name _____

Contact Name _____

Mailing Address _____

_____

Phone _____

Fax _____

Email _____

Website _____

Do you want to link to our website? YES NO

Can we link to your site as well? YES NO

Your web master contact name, phone and email _____

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Restaurant Owner/Manager Membership is open to any restaurant owner or manager

Associate Membership is open to any person or business serving the restaurant industry or interesting in assisting the Association to achieve its goals.

- I hereby certify that I operate the above business with integrity and high ethical standards. I further agree to serve the restaurant industry without misrepresentation and to endeavor to provide the best service that I can.
- I will support the Dare County Restaurant Association and strive to project a positive image for our industry and the Association.
- I will comply with the Association bylaws during the conduct of Association business.

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Signature Date

Dues are $75
Make Check Payable to DCRA
Mail dues and application to P. O. Box 2283, Kill Devil Hills, NC 27948