

**MEMBERSHIP APPLICATION**

NEW

RENEWAL

Date: \_\_\_\_\_

Annual Membership Fee:  Regular \$195 (Restaurants, Bars, etc)  \$295 (Allied Support Membership)  
 Decision Maker:  Owner  Manager  Corporate Executive  Department Head  Other

\_\_\_\_\_  
 (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)  
 \_\_\_\_\_  
 (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

Business Name:(dba) \_\_\_\_\_

Corporate Name: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Membership Referred By: \_\_\_\_\_

**MEMBERSHIP PROFILE** THIS INFORMATION IS NOT REPORTED INDIVIDUALLY AND IS KEPT CONFIDENTIAL. IT IS IMPORTANT TO THE ASSOCIATION AND IS USED FOR PROFILES AND STATISTICAL REPORTING ONLY.

Type of Ownership:  Corporation  Partnership Year Business Established \_\_\_\_\_

Affiliation:  Single-Unit Independent  Single-Unit Franchise  
 Multi-Unit Independent  Multi-Unit Franchise

Type of Business:  Restaurant  Bar/Tavern  Night Club  Hotel  
 Vendor Business - Type of Service Provided \_\_\_\_\_  
 Other \_\_\_\_\_

Type of Cuisine:  Chinese  Mexican  Continental  Seafood  Barbeque  
 Japanese  Italian  Other Ethnic  Pizza  Burger  
 Other Asian  French  American  Chicken  Health/Specialty  
 Other \_\_\_\_\_  
 Please Specify \_\_\_\_\_

ABC License (s) Number \_\_\_\_\_

Number of California Locations \_\_\_\_\_ Total Number of Seats (CA) \_\_\_\_\_

Total Number of Employees (CA) \_\_\_\_\_ Annual Payroll (CA) \_\_\_\_\_

**Preferred Method of Payment:**

(1)  Cash  Check  Regular Membership (\$195)  Allied Membership (\$295)

**Receive a 10% discount on membership by using automatic deduction by either  
 Credit Card or Electronic Debit**

**Scheduled Payments:** ( Please check a payment schedule)

Regular Membership:  (\$175.50 - Annually)

Allied Membership:  (\$265.00 - Annually)

Please check one: ( ) VISA ( ) MC ( ) AE

(2) Credit Card  I authorized an automatic deduction from my credit card as membership payment.

This authority will remain in effect, until I cancel it in writing.

Acct. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**(3) Electronic Debit**

The authorization form below gives Food & Beverage Association of San Diego County and your financial institution the authority to debit your account .

**Company Authorization** - Please fill out and return to Food & Beverage Association of San Diego County

I (we) authorize Food & Beverage Association of San Diego County, Intercept Corporation, and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any entries which were done in error to my:

checking account  savings account each payment due date

This authority will remain in effect, until I cancel it in writing.

• Attach a voided check for verification of all financial institution information. If you're unable to attach a voided check, please fill in your transit/routing number and account number.

FINANCIAL INSTITUTION \_\_\_\_\_ DATE \_\_\_\_\_

BRANCH \_\_\_\_\_ NAME (PLEASE PRINT) \_\_\_\_\_

CITY, STATE, ZIPCODE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
 TRANSIT/ROUTING (ABA) NUMBER

\_\_\_\_\_  
 ACCOUNT NUMBER AT FINANCIAL INSTITUTION