



KENTUCKY
RESTAURANT
ASSOCIATION

133 Evergreen Road, Suite 201
Louisville, KY 40243
phone 502.400.3736 fax 502.896.0465
www.kyra.org

Membership Application

EDUCATION MEMBER

\$80.00 DUES

SCHOOL NAME _____

CONTACT _____ TITLE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

WEB SITE _____ E-MAIL _____

MAILING ADDRESS _____

(if different from street address)

CITY _____ STATE _____ ZIP _____

DATE _____ SPONSOR _____

Hours of Operation _____

My annual dues are \$80.00

My Payment is enclosed, or charge it to (circle one)

MASTERCARD DISCOVER VISA

Card # _____

Exp Date _____

Name on Card _____

Billing Address _____

To the Board of Directors:

I submit my application for membership in the Kentucky Restaurant Association and National Restaurant Association.

Signature _____

Date _____

To join, complete this application & return with payment for first year's dues to:

KENTUCKY RESTAURANT ASSOCIATION
133 EVERGREEN ROAD, SUITE 201
LOUISVILLE, KY 40243
502-400-3736
502-896-0465 FAX