

Exclusive Restaurant Insurance

RRA Membership Application

Restaurant
Resources
Association



Date: _____

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Email Address: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Business Fax #: _____

Effective Date of Membership: _____ Business Tax ID #: _____

Credit Card #: _____ Exp Date: _____ CIV #: _____

Visa Master Card Discover Check #: _____

By filling out this application and signing it you will become a member of RRA. As a member of RRA you will be entitled to the use of the web-site, benefit from all of its resources, discounts, all of the other products that the association has to offer, and all future products. The information provided on this application is confidential in its entirety and can only be used for the purpose of benefiting from vendors and affiliates of the RRA association, the RRA successors and or assigns, or as their interest may appear.

THIS IS A ONE (1) YEAR MEMBERSHIP WHICH IS RENEWABLE EVERY YEAR ON ITS ANNIVERSARY DATE.

The membership fee is \$120.00 per year. You will be assigned a log-in password so that you are able to view all of the products and information. Your log-in password will be assigned within two (2) weeks of signing and payment of this application. This form will serve as a receipt of payment. Use information below to Mail or Fax your membership application.

Print Member's Name: _____

Member's Signature: _____ Date _____

RRAmember.com

North East Risk Management, 39 W. Westfield Ave., Roselle Park, New Jersey 07204

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