

Exclusive Restaurant Insurance

RRA Membership Application

Wholesalers/Distributors

Restaurant
Resources
Association



Date: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Business Fax #: _____

Email Address: _____

Business Tax ID #: _____

Manager's Name: _____ Manager's Phone #: _____

Effective Date of Membership: _____

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 and benefit from all of its resources and its members. You will be able to market you're products to all the members of the association by advertising on the website all your daily specials of the products that you as a wholesaler, distribute. You will be able to offer a discount to all of its members in the states of NJ, NY, MA, and PA and any other states that the association begins to acquire members in. The information provided on this application is confidential in its entirety and can only be used for the purpose of benefiting from members of the RRA association, the RRA successors, and or assigns, or as their interest may appear.

RRA will post on a daily basis the specials and discounts on the website for the members to see. You as the member wholesaler will have to supply the RRA with the information of the products that are on sale or that you are promoting on a daily basis so they can be viewed and posted on the website. This must be provided one day prior to the RRA. The RRA is not responsible for any items that are not posted if they are not provided to the association on a timely manner.

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

The membership fee is \$450.00 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 Members Name: _____

Members Signature: _____ Date _____

RRAmember.com

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

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