



The Federation of Hotel & Restaurant Associations of India

CIN-U55100DL1955NPL002587

Regd. Off.: B-82, 8th Floor, Himalaya House, 23 Kasturba Gandhi Marg, New Delhi - 110 001

Phones: (011) 40780780, E-Mail: fhrai@fhrai.com, Website: www.fhrai.com

ASSOCIATE MEMBERSHIP

APPLICATION FORM 2024-25

For office use only:

FHRAI Code: _____

FHRAI MEMBERSHIP ELIGIBILITY CRITERIA

1. Must be a member of one of our Regional Associations. Please send this application with DD/Cheque of the requisite amount in favour of FHRAI payable at New Delhi, through your Regional Association. You can apply simultaneously to both the Associations.
2. Must be associated with the hospitality industry in some way.
3. Please send listing proforma with this application form for publication in Hotel & Restaurant Guide India.
4. Only companies, firm & likewise entities can become a member, not individuals who can take our Publications/Magazine subscription.
5. Hotel and Restaurants under construction should apply for Associate Membership. This can be converted to Hotel or Restaurant membership instantly after it starts operations.
6. Our associate members are not entitled to FHRAI membership discount cards.

Type of Associates (please tick)

- | | | |
|--|--|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Consultant | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Hotel Chain or Hotel Company | <input type="checkbox"/> Supplier | <input type="checkbox"/> Travel Agent & Tour Operator |
| <input type="checkbox"/> Hotel / Restaurant under construction | <input type="checkbox"/> Any Other (Specify) _____ | |

1. We wish to enroll our company/firm: _____
as Associate Member of the Federation of Hotel & Restaurant Associations of India.

(give official registered name of the entity)

Full Address _____

City _____ Pin Code _____ State: _____

Contact No. (Co./Firm): [STD Code _____] _____

Establishment E-mail ID: _____ Website: _____

2. Authorized Signatory: Name _____ Designation _____

Mobile: _____ Email ID: _____

3. Representative (One Point Contact): Name _____ Designation _____

Mobile: _____ Email ID: _____ **P.T.O.**

4. Date & Year of Opened: _____ 5. TAN (No.) _____
6. CIN Number (if applicable) _____ 7. PAN number (Mandatory) _____
8. GSTIN (if applicable) _____
9. Legal Name of Business: _____
10. We are enclosing a DD/Cheque for Rs. _____ in favour of "FHRAI" payable at New Delhi.
DD/Cheque No. _____ dated _____ Bank name & branch _____
11. We are a member of or applying for membership of (name the Regional Association)
HRANI / HRA(WI) / SIHRA / HRAEI
12. We agree to abide by the rules and regulations of the Federation.

Certified that the above information is true and correct to the best of my knowledge.

<p>To be filled by Regional Association</p> <p>Certified that the above applicant is a Member of this Association.</p> <p>Membership Code: _____</p> <p>Signature and Seal of Regional Association</p>

Signature: _____

(Authorized Signatory)

Name: _____

Designation: _____

Official seal of the establishment:

NOTE: * Incomplete Application will not be considered for New Membership.
* Email and Contact details are mandatory.
* Enclose certificate of CIN, GSTIN, PAN and TAN number.

Fee Payable – Associate Membership for the year 2024-25	
Particular	Annual Membership Fee (in Rupees)
Entrance Fee (One Time)*	6000/-
Annual Subscription	8748/-
GST @18%	2655/-
Grand Total	17403/-

- Entrance Fee is payable only once at the time of enrolment.
- Membership dues (revised if any) are to be paid every year which are valid from April to March.



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ASSOCIATE LISTING PROFORMA FOR MEMBERS (2024-25)

Please login on www.fhrai.com/LoginRegister2.aspx for online update/filing of Listing Proforma.

FHRAI Membership Code (For office use): _____ Date: _____

Type of Associates (please tick)

- | | | |
|--|--|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Consultant | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Hotel Chain or Hotel Company | <input type="checkbox"/> Supplier | <input type="checkbox"/> Travel Agent & Tour Operator |
| <input type="checkbox"/> Hotel / Restaurant under construction | <input type="checkbox"/> Any Other (Specify) _____ | |

1. Name of the Establishment: _____

Address _____

City _____ Pin Code _____ State: _____

Contact No. (Co./Firm): [STD Code _____] _____

Establishment E-mail ID: _____ Website: _____

2. Locational Profile: (Please give something relevant and attractive for potential customers)

3. Year of establishment: _____

4. Ownership: _____

Address _____

City _____ Pin Code _____ State: _____

Telephone: [STD Code _____] _____

E-mail ID: _____

5. Name and Designation of the Key Person:

(i) Mr./Mrs./Ms./Dr. _____ Designation _____

(ii) Mr./Mrs./Ms./Dr. _____ Designation _____

P.T.O.

6. **Total No. of Professional Staff:**_____ **Total No. of Staff including professional staff:**_____

7. **Approved by** (if required, like for a Travel Agent):

8. **Nature of Business/Activity** (Please elaborate on your category ticked above):

9. **Details of Services Provided** (Please give a profile of your company and its services in not more than 8 lines, preferably pointwise.

10. **Branches:**_____

11. **Members:**_____

Signature:_____

(Authorized Signatory)

Name: _____

Designation: _____

Mobile: _____

Email: _____

Stamp/Seal



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AUTHORISED SIGNATORY FORM (ASSOCIATE MEMBERS)

FHRAI Membership Code (For office use): _____

Date: _____

Name of Establishment: _____

Address: _____

ONE POINT CONTACT FOR FINANCE/ACCOUNT DEPARTMENT

Name: _____

Designation: _____

Mobile: _____ E-mail: _____

*Please paste photograph
of Authorizes Signatory
In this space*

Name of Authorized Person: _____

Designation: _____

Mobile: _____ Landline: _____

E-mail: _____

Stamp/Seal of Company/Firm

Signature
(Authorized Signatory)

Note:* Authorized Signatory email ID will be used for all correspondence from FHRAI. *Associate Members are not entitled for casting vote in the Annual General Meeting of FHRAI. * Regional Association membership is mandatory.