



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

HOTEL 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 a functioning establishment.
3. Must have minimum 10 rooms or the qualifying criterion of the Regional Association.
4. If the hotel is under construction, only associate membership can be approved. This can be converted to hotel membership once it starts operation.
5. Must have a restaurant in the hotel.
6. Must have all the relevant Municipal/Police or any other required licenses with current validity.
7. Please note that a restaurant in a hotel can also become a separate restaurant member (upto 1 for hotel with 25-100 rooms & two restaurants for hotels with above 101 rooms. Such restaurant members are also entitled to 2 FHRAI discount cards. A Restaurant within the hotel (who is FHRAI member) can also apply for separate membership (except in the Western Region).
8. Please send nomination form and listing proforma along with this application form.

1. We wish to enroll our Hotel: _____
as Individual Member of the Federation of Hotel & Restaurant Associations of India.
(give name of the hotel, not of the company)
Full Address _____

City _____ Pin Code _____ State: _____
Contact No. (Hotel Desk): [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: _____
4. We have _____ total number of rooms (_____ Single, _____ Double _____ Suites)
5. Does your hotel have a Restaurant ☐ Yes ☐ No
6. If yes, Number of seats in the largest Restaurant (if more than one restaurant) _____ to _____

P.T.O.

7. Date & Year of Opened: _____ 8. TAN (No.) _____
9. CIN Number (if applicable) _____ 10. PAN number (Mandatory) _____
11. GSTIN (if applicable) _____
12. Legal Name of Business: _____
13. We are [Please tick] ☐ 5 Star Deluxe ☐ 5 Star with Alcohol ☐ 5 Star without Alcohol ☐ 4 Star with Alcohol
☐ 4 Star without Alcohol ☐ Heritage Grand ☐ Heritage Classic with Alcohol
☐ Heritage Classic without Alcohol ☐ Heritage Basic ☐ 3 Star ☐ 2 Star ☐ 1 Star
14. Is the hotel classified by Ministry of Tourism, Govt. of India. If yes, validity of approval from _____
(Please enclose the classification certificate issued by Ministry of Tourism, Govt. of India).
15. We are enclosing a DD/Cheque for Rs. _____ in favour of "FHRAI" payable at New Delhi.
DD/Cheque No. _____ dated _____ Bank name & branch _____
16. We are a member of or applying for membership of (name the Regional Association)
HRANI / HRA(WI) / SIHRA / HRAEI
17. After approval of our Hotel Membership, please issue the membership discount cards in the name of following nominees (Nomination Form enclosed).
1. Name _____ Designation _____
2. Name _____ Designation _____
(Note: If the hotel takes restaurant membership for one or two of its restaurants, 2 cards will be issued for each such membership.)
18. 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 – Hotel Membership for the year 2024-25 ANNUAL MEMBERSHIP FEE (IN RUPEES)				
Particular	10 to 40 rooms	41 to 80 rooms	81 to 150 rooms	151 & above rooms
Entrance Fee (One Time)*	6000/-	8000/-	10000/-	12000/-
Annual Subscription	8316/-	11664/-	14688/-	22248/-
GST @18%	2577/-	3540/-	4444/-	6165/-
Grand Total	16893/-	23204/-	29132/-	40413/-

- 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. All Discounts Cards are issued from July to June of next year.



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HOTEL 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): _____ City head under which to be listed: _____

1. **Name of the Hotel:** _____

Star Category: _____ Please attach the Star Category Certificate issued by Ministry of Tourism, Government of India.

Address of the Hotel _____

City _____ Pin Code _____ State: _____

Contact No. (Hotel Desk): [STD Code _____] _____

E-mail ID: _____ Website: _____

2. **Sales & Reservation Information:** (Please include here in not more than 2 lines information on Sales Offices Phone/Email details, GDS, CRS details, any online reservation services & contacts.)

3. **Ownership** (Name of the company/Firm): _____

Address _____

City _____ Pin Code _____ State: _____

Telephone: _____

E-mail ID: _____

4. **Name and Designation of the Key Person** (like MD/CEO/General Manager/Manager etc.):

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

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

5. **Access:** _____ kms from Airport _____ kms from Railway Station _____ kms from Bus Stand.

6. **Other Prominent Locational Advantage:** _____

7. **Room Details:**

	Single	Double	Dlx./Exec.	Suites	Cottages	Total
A/C						
Non A/C						
Total						

P.T.O.

8. **Banquet Facilities:** Total No. of halls _____ Max. Capacity: _____ Min. Capacity: _____

9. **F&B Facilities:** No. of Restaurants _____ No. of Bars _____

Cuisine: _____

10. **Check in time:** _____ **Check out time:** _____

11. **FIT Tariff:** [Please tick] ☐ INR / ☐ US Dollars

<i>Tariff Plan</i>	Continental Plan		Modified American Plan		American Plan	
<i>Tariff Season/Period</i>						
<i>Room Type</i>						
<i>Single Occupancy</i>						
<i>Double Occupancy</i>						

European Plan – Includes Room charges only; **Continental Plan** – Includes Room charges, Buffet Breakfast; **Modified American Plan** – Includes Room Charges Breakfast, Lunch or Dinner; **American Plan** – Includes Room Charges, Breakfast, Lunch & Dinner.

12. **Tariff Note:** _____

13. **Sale Promotions:** (Please include here in not more than 2 line, information about any special incentive /loyalty programmes or any information that is relevant for Travel Agents, Tour Operators, Travelers to enhance your sales efforts.

14. **Taxes Applicable** (in Percentage / %): _____

15. **Service Charges:** _____ % on _____

16. **Room Facilities:** _____

17. **Other Facilities:** _____

18. **Services:** _____

19. **Members:** _____

Signature: _____
(Authorized Signatory)

Name: _____

Designation: _____

Stamp/Seal



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NOMINATION FORM (For New Members only) (For 30% FHRAI Discount Card 2024-25)

FHRAI Membership Code (For office use): _____

Date: _____

Name of Hotel: _____

Address: _____

Nominee: 1	Nominee: 2
<div style="border: 1px solid black; padding: 10px; text-align: center;"><p><i>Please paste photograph Of Nominee: In this space</i></p></div> <p>Please write in Capital Letters only</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"><p><i>Please paste photograph Of Nominee In this space</i></p></div> <p>Please write in Capital Letters only</p>
Name: _____	Name: _____
Designation: _____	Designation: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____

Stamp/Seal of the Hotel/Restaurant

Signature
(Authorized Signatory)

Name: _____

Designation: _____

Note: Register on website <http://www.fhrai.com/LoginRegister.aspx> which facilitate members to perform the following functions (a) Change/modify Listing Details (b) Print invoice/receipt (c) Make online payment (d) Renewal of Discount cards (f) Hotel Fact Sheet (g) update vacancies etc.



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AUTHORISED SIGNATORY FORM (HOTEL/RESTAURANT 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. *Authorized Signatory will also be considered as the person to cast vote in the Annual General Meeting of FHRAI. * Regional Association membership is mandatory.