



Membership Application

Date: _____

Name of Restaurant: _____

Name of Contact: _____ Title: _____

Name of Owner(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Check box to participate in the **Clear Card Marketing Program**

Check box to participate in the **Free ServSafe Program**

Check box to participate in the **Special Insurance Program**

Signature: _____

**NO MEMBERSHIP CHARGE FOR INDEPENDENT RESTAURANTS
WITH \$7,000,000 OR LESS IN ANNUALIZED SALES**

www.enjoylocal.com

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Hospitality Development Alliance * PO Box 755 * Chesterfield, Missouri 63006
314.544.3652 * info@hdateam.com