



Dual Membership Application

Nebraska Hospitality Association/National Restaurant Association
DUAL MEMBER INVESTMENT



Nebraska Hospitality Association membership dues are not deductible as charitable contributions, but may be tax deductible as an ordinary and necessary business expense. 90% of your dues are deductible. This firm or individual certifies that the foregoing statements are correct and agrees that, if accepted for membership, the firm or individual will be governed by the Bylaws and Constitution of the Nebraska Hospitality Association. By becoming a member, you are authorizing us to send information on products and services by phone or email under U.S.C. 47 sec. 227.

Dues Investment

Single Restaurant/Lodging

*\$360 per year

Multiple Restaurants/Lodging

*1st location \$360 per year and \$90 for each additional establishment

*With option to pay one time annual dues of \$360.00

Affiliate Institutional Membership \$150

Organizations which are engaged in institutional food service, such as hospitals, schools, nursing homes and employee cafeterias.

One Year Dues Investment

Annual Dues \$ _____

of Multi-Units _____ @\$90 each..... \$ _____

Hospitality Educational Foundation*\$ _____

TOTAL ENCLOSED\$ _____

*optional donation

DIGITAL PAYMENTS: If you choose to pay by credit card, please pay online at: <https://heartlandpaymentservices.net/WebPayments/NebraskaRestaurantAssociation/bills> and send your digital receipt to info@nebraskadining.org

I authorize the Nebraska Hospitality Association to charge my account as instructed until either party notifies the other in writing 30 days in advance of any changes

I understand my membership continues from year to year and maybe automatically renewed. I also understand my credit card or checking account will be electronically debited on the 15th of each month.

I understand if I choose to discontinue my membership I must give written notice to the Nebraska Hospitality Association 30 days prior to the next scheduled monthly payment. I certify the foregoing statements are correct and agree, if accepted for membership, my membership will be governed by the Bylaws of the Nebraska Restaurant Association.

Signed _____ Date _____

Referred by _____

Business Name _____

Corporate Name _____

Contact Name _____

Title _____

Address _____

City _____ State _____ Zip _____

County _____

Phone _____

Email _____

Website _____

Billing Information if different than above.

Contact Name _____

Address _____

City _____ State _____ Zip _____

Important Establishment Information

Copy this form for each establishment location if needed. Featured Cuisine: (circle all that apply)

- | | | | | |
|-------------|--------------|-------------|---------------|--------------|
| American | Cajun | Creole | Indian | Pizza |
| Asian | Cafe | Czech | Italian | Seafood |
| BBQ | Cafeteria | Deli | Japanese | Southern |
| Bakery | Caterer | Fast Casual | Kosher | Southwestern |
| Bagel | Chinese | Fast Food | Latin | Steak House |
| Bar | Coffee House | French | Mediterranean | Thai |
| Bar & Grill | Continental | German | Mexican | Vegetarian |
| Buffet | Country Club | Greek | New American | Yogurt |

Other _____

Establishment Location _____

Average Check per person: Under \$25 \$25 or more

Reservations: Required Suggested Not Required

Scope of Foodservice: Breakfast Lunch Dinner

Do you serve alcoholic beverages? Yes No

Credit Cards: Amex Discover Diners Club MasterCard Visa

Seating #: _____

Email or mail this application with your digital receipt or dues payable to:
Nebraska Hospitality Association | 2603 Superior St, Ste 101 #238 | Lincoln, NE | 68521
p 402.488.3999 | Email: info@nebraskadining.org | www.nebraskadining.org