Outer Banks Restaurant Association
2025-2026 Annual Membership (Oct-Sept)
Application for Membership/Renewal

Legal Business (Corporate) Name:_____

Dba:_____

Physical Location Address:_____

Billing Address:_____

Work Phone:_____Website:_____

Contact Name:_____Contact Cell #:_____

Main Contact Email:_____

Additional Emails to Include:_____

Federal Tax ID#:_____NC Tax ID#_____

Membership Type

____ **Full-Service Restaurant Membership** - open to any owner/manager $250/yr *(includes NCRLA and NRA membership)*

____ **Small Restaurant/Take Out Membership** - open to owner/manager of non-full-service or small (under 25 seats) eating establishment $100/yr *(includes NCRLA and NRA membership)*

____ **Associate Membership** - open to any person/business interested in assisting the association in meeting its goals $200/yr

I, the undersigned affirm that I am authorized act on behalf of this business, and that I will uphold the standards and bylaws of the Association, and will represent the Association and the industry with integrity and without misrepresentation. I further agree that this establishment will accept OBRA Gift Certificates as valid tender redeemable for full value from the Association.

Make Checks payable to OBRA
Mail payment and application to:
PO Box 2283, Kill Devil Hills, NC 27948