



Outer Banks Restaurant Association 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

Help us advocate for your best interests with a collective voice. Please answer the following (all info held confidential):

1. Annual Sales: less than ___ less \$500K ___ \$500-\$1M ___ more than \$1M
2. Number of Employees: _____ Peak Season _____ Off-Season
3. Does your business provide employee health insurance? ___ Yes ___ No
4. Does your business provide employee housing? ___ No ___ Yes, we rent ___ Yes, we own
5. Did your business obtain PPP funding? ___ No. ___ Yes

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*