



APPLICATION FOR MEMBERSHIP

**RESTAURANT AND CATERING INDUSTRY ASSOCIATION OF
WESTERN AUSTRALIA**

Restaurant
& Catering

**Restaurant & Catering
Western Australia
301 Fitzgerald Street
WEST PERTH WA 6005**

Licensed	<input type="checkbox"/>
B.Y.O.	<input type="checkbox"/>
Caterer	<input type="checkbox"/>
Associate Member	<input type="checkbox"/>
Additional Establishment	<input type="checkbox"/>

I/We _____
(BLOCK LETTERS)

Being person, partnership or corporation, who employs or usually employs labour* at the
_____ (Name of Organisation)

Of _____ P/Code: _____
(STREET ADDRESS)

_____ P/Code: _____
(POSTAL ADDRESS)

Telephone Number _____ Mobile _____ Fax _____

Email (required) _____

Website _____

Hereby apply for membership of the above Association.

I/We undertake to comply with the Constitution and Rules of the Association and to accept the decisions of the Committee of Management.

SIGNATURE OF APPLICANT _____ Date: _____

*Note: The employer of labour is person, partnership, company etc shown on Group Certificates or Tax Stamp Books issued to your employees under the heading "Name of Employer".

Please tick one: Not Licensed
Licensed Name of Licensee _____

Please tick one: Pty Ltd Company or Constitutional Corporation
 Sole Trader or Partnership

OFFICE USE ONLY	
Membership # _____	Payment Received _____
MYOB Entry _____	Web Listing Complete _____



RESTAURANT GUIDE WEBSITE – MEMBER INFORMATION

**RESTAURANT AND CATERING INDUSTRY ASSOCIATION OF
WESTERN AUSTRALIA**

Restaurant
& Catering

RESTAURANT DIVISION

**Restaurant & Catering
Western Australia
301 Fitzgerald Street
WEST PERTH WA 6005**

As a member of the Restaurant and Caterers Association WA, you are invited to be listed on our Restaurant Guide website (www.restaurant.org.au) at no cost.

*This form is for restaurants only. Caterers please note your listing is automatic on www.caterer.org.au please ensure you include your website on member application.

Please familiarise yourself with the site and complete the details below for your Restaurant to be included in the Restaurant Guide.

Restaurant Name: _____

Address: _____

Telephone Number: _____ Fax: _____

Email: _____ Website: _____

Cuisine Type (see website for options): _____

Business Hours: Breakfast _____ Lunch _____ Dinner _____

Trading Days: _____

Payment Type (circle applicable methods):       

Region (select one): South West Northern WA Perth CBD Perth Metro

Licensing Type: _____

Please circle one of the following: Smoking/Non-Smoking Disabled Access Yes/No

Meal Prices: From _____ To _____

Seating Available: Inside _____ Outside _____

Please select any of the following you wish to have added to the website:

Logo Menu Map Pictures

*Any inclusions selected must be emailed to info@wrca.com.au

SIGNATURE OF MEMBER _____ Date: _____

PROJECT OFFICER _____ Date: _____