

MEMBERSHIP APPLICATION



DATE _____

APPLICANT INFORMATION

NAME OF ESTABLISHMENT APPLYING FOR MEMBERSHIP _____

CORPORATE NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TEL: _____

FAX: _____

CEL: _____

EMAIL: _____

WEBSITE _____

TAX I.D. NUMBER. (APPLICATION WILL NOT BE PROCESSED WITHOUT TAX ID #): _____

CORPORATION _____ PARTNERSHIP _____ SOLE OWNER _____ OTHER _____

BUSINESS OWNERSHIP CATEGORY. PLEASE CHECK ONE

NAME	TITLE	PERCENTAGE
(i) _____	(i) _____	(i) _____
(ii) _____	(ii) _____	(ii) _____
(iii) _____	(iii) _____	(iii) _____

LIST PERSON(S) OR ENTITIES HAVING AN INTEREST IN THE BUSINESS SPECIFY HIS/HERS TITLE AND PERCENTAGE OF OWNERSHIP IF ANY.

APPLICANT

APPLICANT'S NAME _____

NAME OF RESTAURANT _____

SIGNATURE _____

PANGREGORIAN REPRESENTATIVE

NAME _____

SIGNATURE _____

Please mail your completed application to **PANGREGORIAN OF AMERICA, 23-35A Steinway Street, Astoria, NY 11105**, with a \$200.00 check payable to "PANGREGORIAN OF AMERICA INC" an associate member is entitled to receive Pangregorian's discount pricing and quarterly manufacturer's rebates. Annual membership of \$200.00 per year will be deducted from the total amount of rebate activities.

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