

RESTAURANT MEMBERSHIP APPLICATION

CONTACT INFORMATION

Restaurant Name: _____

Street Address: _____
Street/PO Box City State Zip + 4

Mailing Address: _____
(If different from street) Street/PO Box City State Zip + 4

Phone: () _____ Toll Free: () _____ Fax: () _____

General Email*: _____ Website: _____
(i.e. info@company.com)

Social Media Pages: _____
Twitter Facebook

Primary Contact: _____
Name Title Preferred First Name

Individual Email*: _____ Individual Phone: () _____

Corporate Owner/Contact Name: _____ Phone: () _____

BUSINESS INFORMATION

Restaurant location: North South East West Downtown Other

Is business locally owned? Yes No

Type of Cuisine: (Check one only—will be used for listing in GLCVB promotional materials and publications)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asian/Middle Eastern | <input type="checkbox"/> Bakeries, Desserts and Coffee | <input type="checkbox"/> Bar and Grill |
| <input type="checkbox"/> Family | <input type="checkbox"/> Fast Food/Quick Casual | <input type="checkbox"/> Fine Dining |
| <input type="checkbox"/> Italian/Greek | <input type="checkbox"/> Mexican/Southwestern | <input type="checkbox"/> Steak and Seafood |
| <input type="checkbox"/> Nightlife and Entertainment | | |

Amenities: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Accommodate Groups (10+ppl) | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Motorcoach Accessible |
| <input type="checkbox"/> Reservations Accepted | <input type="checkbox"/> Private Banquet Seating | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> WiFi Available | <input type="checkbox"/> Liquor <input type="checkbox"/> Beer/Wine Only | |

Credit Cards Accepted: MC Visa Discover AmEx Other _____

Hours of Operation: _____ Seating Capacity: _____

BUSINESS DESCRIPTION

Describe your business (*this description will be placed on our website*):

VISITOR GUIDE LISTING: Please attach a **Visitor Guide Release Form**.

KEYWORDS

Keywords are used to search our database/website to locate specific member types or categories. Please list some keywords that you would like our web visitors to use when accessing your listing. Include common typos, e.g., accommodations (correct) and accomodations (incorrect):

WEBSITE LISTING GRAPHICS AND PHOTOS

The GLCVB encourages you to add a logo or pictures to your listing on our website. We are able to offer you a thumbnail picture on your listing and include additional pictures with your member details. Email pictures to membership@lansing.org.

MENUS

Would you like to provide one of your menus for our convention attendee restaurant reservation booth? If so, please submit a full color, glossy menu (not a photocopy) with application.

MEMBERSHIP INVESTMENT *(see rate schedule)*

Your membership investment is prorated based on the month joined. Annual membership investments are due July 1 of each year.

Annual Membership Investment \$ _____

TOTAL NOW DUE (*Prorated—see Member Rate Card*) **\$** _____

*I/We understand that the partnership is ongoing and will remain as such until written notice of cancellation is received by the Greater Lansing Convention and Visitors Bureau. **NOTE: Delinquency of payment after 90 days constitutes automatic cancellation of membership.***

Method of payment: Cash Check # _____ MC Visa Discover AmEx

Credit Card#: _____ Expiration: _____ Security Code: _____

Signature and Title: _____ Date: _____

**By filling in your email address, you agree to receive all future promotional email from the Greater Lansing Convention & Visitors Bureau. You can unsubscribe at any time if you no longer find it useful. All email addresses collected are used ONLY for the Greater Lansing Convention & Visitors Bureau. We do not sell, lease or market your email information to anyone for any purpose. We reserve the right to provide your mailing address to fellow members in the form of labels or data file.*

TYPE OF MEMBERSHIP

- | | |
|--|---|
| <input type="checkbox"/> Deli/Fast Food/Quick Casual | <input type="checkbox"/> Fine Dining |
| <input type="checkbox"/> Bar & Grill/Family | <input type="checkbox"/> Associate Restaurant Member (<i>additional restaurants owned by the same firm</i>) |

Application received by: _____ Business Code: _____ NAICS Code (for website): _____ Date: _____