Manitoba Restaurant & Foodservices Association

2016
Membership Application

Please complete this form and return with payment:
Manitoba Restaurant & Foodservices Association
386 Broadway, Suite 503 Winnipeg, MB R3C 3R6

Company Name: _____

Address: _____

City: _____ Province: _____Postal Code: _____

Phone: _____ Fax: _____

E-Mail: _____Website: _____

Contact Name & Position: _____

☐ Restaurant - $250.00 + GST ☐ Associate - $300.00 + GST

☐ Please find my cheque enclosed.

☐ Please charge to my credit card:

☐ American Express ☐ Mastercard ☐ Visa

Credit Card Number: _____ Expiry Date:_____

EMAIL AUTHORIZATION
Please note by signing this application you are giving us permission to send association emails and newsletters to the email address you have given us. Please note that on occasion the newsletters may contain an advertisement from one of our supplier members. All emails contain and unsubscribe option if at anytime you no longer want to receive our information.

Signature: _____ Date: _____

Phone (204) 783-9955 Fax (204) 947-9767 Email: info@mrfa.mb.ca