



Asheville
Independent
Restaurants

2012 New Member Application Form

Thank you for your interest in the Asheville Independent Restaurant Association.

Restaurant Name: _____

AIR Contact Name: _____ Cell Number: _____

Contact Email: _____ Position in Company _____

Mailing Address: _____

City, State and Zip: _____

Office Phone: _____ Fax: _____

Proprietor(s): _____

State and County of Proprietor's Residence: _____

Business Organization: Sole Partnership LLC Corp Other (_____)

Name of Business if DBA Restaurant Name: _____

Year Established: _____ Current ownership since: _____

Restaurant Location Street Address: _____

City, State and Zip: _____

Location Phone: _____ General Manager: _____

Service available: Full service Limited Service Catering

Details: Number of Employees _____ Number of Tables _____ Seating Capacity _____ Private Dining?

Current Buncombe County Health Inspection score: _____ Date of Inspection ____/____/____

Website: _____ Public Email: _____

Please circle all applicable information for your restaurant:

Location-	North	South	East	West	Downtown
Meals Offered-	Breakfast	Sat. /Sun Brunch	Lunch	Dinner	Catering
Menu's Available-	Kid's Menu	Late Night Menu	Beer/wine	Local Craft Brews	Full Bar
Specialty Menu-	Gluten Free	Local Ingredients	Organic	Vegan	Vegetarian
Entrée Prices-	\$ 5-10	\$\$ 11-20	\$\$\$ 21-30	\$\$\$\$ 31-40	\$\$\$\$\$ 41 up
Services Offered-	Delivery	Meals to Go	Family Friendly	Wi-Fi	Senior Discount
Amenities-	Banquet	Wedding	Reception	Meeting Room	Dress Code
More-	Outside Dining	Fireplace Seating	Parking Lot	Street Parking	
Other-	Smoke Free Patio	Pet Friendly Patio			

Days and Hours of Operation: _____

Please provide a description of your restaurant for the Dining Out Guide (here or electronically):

Do you have another kind of restaurant in Buncombe County?

Consider Affiliate Membership to save money! Two kinds of Affiliate Memberships are available, Different Concept or Different Location. *Different Concept Affiliates must fill out separate applications and apply as one.*

Different Concept name: _____
Different Concept name: _____

If you own and operate different locations with the same concept, fill in here.

2nd Location
Street Address _____
City, State and Zip _____
Location Phone _____ General Manager _____

3rd Location
Street Address _____
City, State and Zip _____
Location Phone _____ General Manager _____

How do you hope to benefit from being an AIR member? What do you expect from AIR?

The success of AIR relies on active Member participation. We depend on the members to volunteer and/ or participate in fundraising events, attend general membership meetings, and sit on working committees. Our collective talents make our organization successful. Please select from the list below an area which you are interested in participating.

Membership Committee Sponsorship Committee Issues Committee Green Team
 Marketing/Events Committee (Taste of Asheville Dining Guide Small Plate Crawl)
 Co-op buying Committee other: _____

Volunteering opportunities vary from 2 hours a year to much more. Please consider getting involved.

Please send completed application via Email - info@airasheville.org

Postal address - Asheville Independent Restaurant Association, PO Box 2254, Asheville NC 28802-2254

All Applications must be approved by the board. Once dues are received by AIR, you will receive a New Member package. **Dues are not pro-rated or refundable.** For full details of member policies or if you have any questions please contact: info@airasheville.com.

New Member Dues 2012 are \$400/year. Please enclose payment for dues with your application.

Affiliate Memberships:

- \$ 100/year per additional location of same concept restaurant.
- \$ 200/year per additional restaurant with a different concept.