

Orange County Tavern & Restaurant Association

PO Box 53

Vails Gate, NY 12584

email - octrany@gmail.com

phone - 845-670-4104

Associate Member Application

We appreciate your interest in becoming an Associate Member of our Association!

*We strive to support not only our members,
but those who provide valuable services to our industry!*

Name of business _____

Proprietor _____

Physical address _____

Mailing address (if different) _____

Business phone _____

Fax number _____

Web page _____

Email address _____

**Please tell us briefly what service(s) you provide, if any,
or about your interest in becoming part of our association...**

Hours of operation _____

Day(s) closed _____

How did you hear about OCTRA? _____

Referred by, if applicable: _____

Associate Membership is \$100 annually

Method of payment:

Check, payable to **OCTRA, or Orange County Tavern & Restaurant Association**

Cash, when paying in person only.

Date paid: _____

Received by: _____

Please mail all correspondence to address at top of application.

***Thank you for becoming part of our Association...
we look forward to working with you!***

Proudly representing the Hospitality Industry since 1956... members support members!

file "octr-a-associate member-4-17"