



# Triad Membership Application

Nebraska Hospitality Association/National Restaurant Association/  
Omaha Restaurant Association  
TRIAD MEMBER INVESTMENT



The triad membership dues are not deductible as charitable contributions, but may be tax deductible as an ordinary and necessary business expense. 90% of your dues are deductible. This firm or individual certifies that the foregoing statements are correct and agrees that, if accepted for membership, the firm or individual will be governed by the Bylaws and Constitution of the Nebraska Hospitality Association. By becoming a member, you are authorizing us to send information on products and services by phone or email under U.S.C. 47 sec. 227.

Triad members receive the benefits offered by the Nebraska Hospitality Association, the National Restaurant Association, and the Omaha Restaurant Association. This membership is only available for restaurant owners.

## Dues Investment

### Single Restaurant/Lodging

\$400.00 annually

### Multiple Restaurants/Lodging

Contact the Nebraska Hospitality Association  
or the Omaha Restaurant Association

## One Year Dues Investment

Annual Dues\*..... \$

Hospitality Educational Foundation\*\* ..\$

TOTAL ENCLOSED .....\$

\*Contact the Nebraska Hospitality Association or the Omaha Restaurant Association if you have multiple units

\*\*optional donation

If you choose to pay by credit card, please pay online at:  
<https://heartlandpaymentservices.net/WebPayments/NebraskaRestaurantAssociation/bills>

email your digital receipt to [info@nebraskadining.org](mailto:info@nebraskadining.org)

I authorize the Nebraska Hospitality Association to charge my account as instructed until a party notifies the others in writing 30 days in advance of any changes.

I understand my membership continues from year to year and maybe automatically renewed. I also understand my credit card or checking account will be electronically debited.

I understand if I choose to discontinue my membership I must give written notice to the Nebraska Hospitality Association 30 days prior to the next scheduled payment. I certify the foregoing statements are correct and agree, if accepted for membership, my membership will be governed by the Bylaws of the Nebraska Hospitality Association.

Signed

Date

Referred by

Business Name

Corporate Name

Contact Name

Title

Address

City State Zip

County

Phone

Email

Website

Billing Information if different than above.

Contact Name

Address

City State Zip

## Important Establishment Information

Copy this form for each establishment location if needed. Featured Cuisine: (circle all that apply)

|             |              |             |               |              |
|-------------|--------------|-------------|---------------|--------------|
| American    | Cajun        | Creole      | Indian        | Pizza        |
| Asian       | Cafe         | Czech       | Italian       | Seafood      |
| BBQ         | Cafeteria    | Deli        | Japanese      | Southern     |
| Bakery      | Caterer      | Fast Casual | Kosher        | Southwestern |
| Bagel       | Chinese      | Fast Food   | Latin         | Steak House  |
| Bar         | Coffee House | French      | Mediterranean | Thai         |
| Bar & Grill | Continental  | German      | Mexican       | Vegetarian   |
| Buffet      | Country Club | Greek       | New American  | Yogurt       |

Other

Establishment Location

Average Check per person: ☐ Under \$25 ☐ \$25 or more

Reservations: ☐ Required ☐ Suggested ☐ Not Required

Scope of Foodservice: ☐ Breakfast ☐ Lunch ☐ Dinner

Do you serve alcoholic beverages? ☐ Yes ☐ No

Credit Cards: ☐ Amex ☐ Discover ☐ Diners Club ☐ MasterCard ☐ Visa

Seating #:

Return this application with your dues payable to:

Nebraska Hospitality Association | 5100 N 27th St, Ste A2 #238 | Lincoln, NE | 68521

402.488.3999 | Email: [info@nebraskadining.org](mailto:info@nebraskadining.org) | [www.nebraskadining.org](http://www.nebraskadining.org)