



**SOUTH INDIAN HOTELS AND RESTAURANTS ASSOCIATION**

Office No. 3, 6th Floor, Seethakathi Business Centre,  
Anna Salai, Chennai - 600 006. Ph: 044 - 2829 7511, 7512, 7510  
Email: [admin@sihra.in](mailto:admin@sihra.in) | Website: [www.sihra.org](http://www.sihra.org)

**ASSOCIATES**  
APPLICATION FORM

1) Name:			Membership No.:
2) Address:			
3) City:		4) State:	5) PIN Code:
6) Ph. No.:		7) Fax No.:	STD Code:
8) Email of Associate:			
9) E-mail of Managing Director / CEO			
10) Website:		11) Date of incorporation:	
12) Branches in India			
13) Registered with		14) Ownership	
15) Managing Director/CEO		16) Principal/Co-ordinator	
17) Any other details			
Enclosed herewith is Demand Draft for Rs.		in favour of <b>SIHRA</b> payable at Chennai.	
DD No.:		Date:	
Bank:			
Name:			
Designation:			
Date:	We hereby undertake to agree and abide by the Rules & Regulations of the Association <b>Signature of Authorised Signatory: (with official seal)</b>		
<p><b>Note:</b> Associate Members are not entitled for Membership Discount Cards, as the cards are issued on reciprocal basis to Hotels &amp; Restaurant Members only. The financial year of the Association begins on 1st April of every year.</p>			

**FEE STRUCTURE W.E.F. APRIL 1, 2018**

**RENEWAL OF HOTEL MEMBERSHIP (EXISTING MEMBERS)**

Category			Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of Rooms			RS.	RS.	RS.	RS.	RS.
Upto 50			4631	750	5381	969	6350
51-100			7756	750	8506	1531	10037
101-150			11622	750	12372	2227	14599
151-200			15501	750	16251	2925	19176
201-250			19367	750	20117	3621	23738
251-300			21223	750	21973	3955	25928
301-400			26735	750	27485	4947	32432
Above 401 Rooms			37760	750	38510	6932	45442

**RENEWAL OF RESTAURANT MEMBERSHIP (EXISTING MEMBERS)**

Category			Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of COVERS			RS.	RS.	RS.	RS.	RS.
Upto 100			6483	500	6983	1257	8240
Above 100 covers			9261	500	9761	1757	11518

**RENEWAL OF ASSOCIATE MEMBERSHIP (EXISTING MEMBERS)**

			6300		6300	1134	7434
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**NEW MEMBERS – HOTEL**

Category	Entrance fee	Building Fund	Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of Rooms	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Up to 50 Rooms	3000	2500	4631	750	10881	1959	12840
51-100 Rooms	4000	2500	7756	750	15006	2701	17707
101-150 Rooms	5000	2500	11622	750	19872	3577	23449
151-200 Rooms	7500	2500	15501	750	26251	4725	30976
201-250 Rooms	10000	2500	19367	750	32617	5871	38488
251-300 Rooms	10000	2500	21223	750	34473	6205	40678
301-400 Rooms	10000	2500	26735	750	39985	7197	47182
Above 401 Rooms	10000	2500	37760	750	51010	9182	60192

**NEW MEMBERS – RESTAURANTS**

Category	Entrance fee	Building Fund	Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of COVERS	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Up to 100	2500	2500	6483	500	11983	2157	14140
Above 100 covers	3000	2500	9261	500	15261	2747	18008

**NEW MEMBERS – ASSOCIATES**

	Entrance fee	Building Fund	Subscription	Legal fund	Total for GST	GST @ 18%	Total including GST
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
	4000	2500	6300	-	12800	2304	15104



## South India Hotels and Restaurants Association

Office no 3 6<sup>th</sup> floor Seethakathi Business Centre Anna Salai, Chennai – 600 006  
Tel: 044 - 28297510 /11/ 12 e-mail: admin@sihra.in

### NOMINATION FORM FOR HOTELS & RESTAURANTS (For 20% SIHRA Discount Cards)

Name of the Establishment: \_\_\_\_\_

Name & Designation of  
Chief Executive/Owner/Partner: \_\_\_\_\_

Address of the Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pincode: \_\_\_\_\_

Telephone: (STD CODE \_\_\_\_\_) : \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email of a) Establishment : \_\_\_\_\_

b)CMD/CEO/GM: \_\_\_\_\_

Website : \_\_\_\_\_

Nominee : 1
<div style="border: 1px solid black; padding: 5px; text-align: center;">Please paste photograph of Nominee : 1 in this space</div> <p>Please write in Capital Letters only</p> Name: _____ Designation: _____ Specimen Signature: _____

Nominee : 2
<div style="border: 1px solid black; padding: 5px; text-align: center;">Please paste photograph of Nominee : 2 in this space</div> <p>Please write in Capital Letters only</p> Name: _____ Designation: _____ Specimen Signature: _____

Note: Please send us 2 passport size photographs (one to be pasted inside the box) of each of your two nominees for the discount cards.

Signature of the person authorising the issue of cards:

Name & Designation:

Date:

Stamp/seal of the Hotel/Restaurant