



Restaurant & Allied Partnership of Central Florida

**Become a member of the
Restaurant & Allied Partnership
of Central Florida**

The **Restaurant & Allied Partnership of Central Florida** was founded during the COVID-19 crisis. Central Florida restaurants needed a place to get information on how to navigate this new business environment. Founded to support, promote and protect the restaurant industry in Central Florida, **RAPCF** works with our allied partners to guide restaurants through troubled waters. Our mission is to **Educate, Protect and Promote** our industry in Central Florida.

Individual Chef Members – Chef Members have access to educational opportunities, networking between member chefs, restaurateurs and allied members in Central Florida and participation in RAPCF events throughout the year. **\$50 per year.**

Restaurant Membership – Restaurant Members have access to educational opportunities for owners, management, culinary and front-line staff. RAPCF offers networking between member restaurants, chefs and allied members in Central Florida. Member restaurants are invited to participate in events throughout the year with the proceeds to benefit the member restaurants. **\$150 per year, \$100 per year per additional location membership.**

Allied Membership – Allied Members have access to some of Central Florida's top chefs, restaurants, and restaurateurs. RAPCF offers networking events throughout the year between allied members, member restaurants, chefs and restaurateurs. Other benefits include sponsorship of one of our monthly events, ability for collateral, and speaking to group. Your logo listed on our website with link to your site.

Featured Facebook, Twitter & Instagram post to members. Logo displayed at select events. **\$500 per year, \$100 per year per additional office or sales representative.**

2020 Inaugural Membership Special 2020 is the RAPCF Inaugural Year, and to celebrate we are offering special pricing. **Chef and Restaurant Owner Memberships are complimentary** with discount code **CRM20**. **Allied Memberships are 50% Off** with discount code **AM20**.

RAPCF
912 N. Mills Avenue
Orlando, FL 32803
P: 407-789-6129
E: info@rapcf.org
W: www.rapcf.org

RAPCF is a 501(c)(3) non-profit organization registration ei number 85-0837795, id number 31954 & state exemption number 85-8018092467C-0. Membership does not imply endorsement, approval, or recommendation by the RAPCF.



*Restaurant & Allied
Partnership of
Central Florida*



RESTAURANT/CHEF

MEMBERSHIP APPLICATION

Restaurant & Allied Partnership of Central Florida

MEMBER INFORMATION

BUSINESS NAME: _____ FRANCHISE/CHAIN? YES _____ NO _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: (IF DIFFERENT) _____ CITY: _____

STATE: _____ ZIP: _____ BILLING CONTACT NAME: _____ TITLE: _____

BILLING CONTACT'S EMAIL ADDRESS: _____

GENERAL MANAGER NAME: _____ TITLE: _____

GENERAL MANAGER'S EMAIL ADDRESS: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

CELL PHONE: _____ WEB ADDRESS: _____

CORPORATE NAME (IF APPLICABLE): _____

FACEBOOK PAGE _____ TWITTER HANDLE _____

Instagram PAGE _____ PREFERRED LANGUAGE _____

THIS MEMBERSHIP SOLICITED BY: _____

ANNUAL DUES INVESTMENT CALCULATION

Membership CATEGORY	ANNUAL DUES TOTAL	NOTE: Dues are based on individual Chef or restaurant membership. Additional locations can be added at \$100 per unit.
<input type="checkbox"/> Individual Chef Membership	\$ 50 _____	
<input type="checkbox"/> Restaurant Membership	\$ 150 _____	
<input type="checkbox"/> Additional Units @ \$100 each # of units _____	Add'l Amount: _____	

TOTAL DUES PAYMENT: _____

DISCOUNT CODE: _____

PAYMENT INFORMATION

METHOD OF PAYMENT (CHECK ONE): CHECK AMERICAN EXPRESS VISA MASTERCARD DISCOVER/NOVUS

CARD NUMBER: _____

EXP. DATE: _____ **SIGNATURE:** _____

I (we) wish to affiliate with other professional hospitality leaders in Central Florida to receive the membership benefits of the Restaurant & Allied Partnership of Central Florida. I (we) pledge to the Restaurant & Allied Partnership of Central Florida that this establishment will operate according to the Code of Ethics of the RAPCF. I (we) have enclosed annual dues corresponding to this our total annual food and beverage revenue.

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

PERMISSION STATEMENT: By providing your information, you agree to receive members-only communications, as well as partner information from the RAPCF, including but not limited to emails, direct mail and mobile notifications.

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PLEASE REMIT DUES TO: RAPCF, 912 N. Mills Avenue, Orlando, FL 32803 or EMAIL to info@rapcf.org.
Join online at www.rapcf.org/membership