Rhode Island Hospitality Association
Membership Sales Form

RIHA Membership Sales Form

EMAIL to: lauren@rihospitality.org -or-
FAX to: 401-223-1123 -or-
MAIL to: 94 Sabra Street, Cranston, RI 02910

MERCHANT DBA: _____

DATE: ____/____/_____ **MERCHANT LEGAL NAME:** _____

MEMBER #:_____

ADDRESS:_____

CITY: _____

ANNUAL DUES: (from membership application)_____

METHOD OF PAYMENT		
☐ Payment Plan ☐ Credit Card ☐ Check #_____ ***(Make checks payable to Rhode Island Hospitality Association)***		
CREDIT CARD	Card Number:	Exp. Date:
	Name (As it appears on the Card):	
	Billing Address (Street):	
	Billing Address (City, State, Zip):	

PAYMENT PLANS

Rhode Island Hospitality Association ("RIHA") offers convenient monthly or annual payment plans for your dues investment. Under these plans, you may pay for your RIHA Membership either annually, or in monthly installments. Payments will be made via Automated Clearing House ("ACH") entry directly from your checking account. ACH entries will appear on your bank statements under the descriptor "MMBRDUES". The first payment will occur next month, and subsequent payments will occur each month for Monthly Payment Plans. Payment plans are not available for merchants paying by check or credit card.

☐ 1 Annual Payment ☐ 4 -Quarterly Payments ☐ 12 Monthly Payments

COMPLETE BANK INFORMATION AND ATTACH A BLANK VOIDED CHECK FOR CHECKING OR DEPOSIT SLIP FOR SAVINGS.

BANK INFORMATON		
	Bank Name:	
	Bank Address:	
	Bank Phone:	
	ABA Routing Number:	
	Account Number:	☐ Checking ☐ Savings

The Annual Dues Investment after the first year may be subject to change by the RIHTA when my membership is renewed. I hereby authorize RIHA to initiate payments through ACH entries to my business checking account including payments for renewal dues. Authorization for ACH entries shall remain in full effect until written notification from me is received by RIHA, and in accordance with the terms and conditions contained in the RIHA Membership Application.

X

MEMBER SIGNATURE **PRINT NAME** **DATE**