



Membership Application

T.O. Member Sponsor _____ Date: _____

Restaurant Information

Restaurant Name: _____

Address: _____ Zipcode: _____

Phone: _____ Fax: _____

Contact Person: _____ Cell: _____

Chef/Owner: _____

Other Member (Manager, Partner): _____

Phone: _____

Other Member (Manager, Partner): _____

Phone: _____

Other Member (Manager, Partner): _____

Phone: _____

Website address: _____

Facebook URL: _____

Twitter URL: _____

E-Mail address: _____

When did your restaurant open? _____

What type of cuisine? _____

How many locations? _____ How many employees? _____

Do you have a happy hour? Details: _____

Hours of Operation: _____

Check Average: \$25 \$50

Please choose the Gift Certificate amount that works best for your restaurant:

\$50 \$25 \$20

I elect to pay Tucson Originals \$2000/year in lieu of accepting Gift Certificates.

*Membership dues of the on-line Gift Certificate Program is a quarterly program.

Please complete and scan/e-mail this form to: TucsonOriginals@gmail.com
You may call 520.477.7950 with any concerns or questions anytime.