



## MISSION STATEMENT

Building relationships through the sharing of information and supporting local independent restaurants. Working side by side to help each other exceed the expectations of our guests and advance St. Augustine's unique culinary and cultural diversity. Leveraging our resources and hospitality to financially and physically support organizations within our community.

## ASSOCIATE MEMBERSHIP APPLICATION FORM

PLEASE PRINT CLEARLY

COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_

PRIMARY ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

( )  
PHONE \_\_\_\_\_

WEBSITE \_\_\_\_\_

Type of Organization \_\_\_\_\_

What specific markets do you serve? \_\_\_\_\_

What are your skills/areas of expertise? \_\_\_\_\_

What is your geographic coverage?  National  Regional  Local

Please identify the existing member who is sponsoring your application: \_\_\_\_\_

Please describe your businesses community support/involvement: (Attach two letters of recommendation from local charities)

120 WORDS MAX \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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Please return your membership application to:  
PO Box 103 | 1093 A1A Beach Blvd. | St. Augustine, FL 32080  
Or email to: [info@staugustinerestaurants.com](mailto:info@staugustinerestaurants.com)