



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.

MEMBERSHIP APPLICATION FORM

PLEASE PRINT CLEARLY

COMPANY NAME _____

PRIMARY CONTACT _____

PRIMARY ADDRESS _____

EMAIL ADDRESS _____

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PHONE _____

WEBSITE _____

What year did your restaurant open? _____

Is your restaurant part of a national chain or franchise? YES NO

Is your restaurant located in St. Johns County, Florida? YES NO

Is your restaurant locally owned and operated? YES NO

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 _____

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