



Date: _____

MEMBERSHIP APPLICATION & PARTICIPATION FORM

Owner/Partner Name _____ Federal Tax ID: _____

Restaurant Business Name _____ DBA/Corporation/Legal Name _____

Location Address _____ City _____ State _____ Zip Code _____

Phone: _____ Fax _____ Website _____

Cell Phone (optional) _____ Email (Required for Reporting): _____

What type of establishment are you and what kind of food do you serve? _____

- Breakfast/Lunch Family Restaurant Steak/Seafood BBQ Deli/Sandwich Fast Food/Fast Casual Pub/Tavern/Sports Bar
 Pizzeria Italian Country Club Banquets Catering Asian/Sushi Greek/Mediterranean/Tapas Latin/Mexican

MEMBERSHIP PARTICIPATION AGREEMENT

All Members are subject to GARC by-laws. GARC is a foodservice procurement cooperative, wholly owned by its participants ("the Members") which was created to manage a Food, Beverage, Supplier and Services Purchasing Program as a result of forming direct relationships with local, national food, beverage and product manufacturers, distributors, suppliers and related services ("the Program") on behalf of its participants. "The Program" allows GARC to offer Participants ("the Member") access to any negotiated volume allowances (rebates), deviations, negotiated pricing, discounted services and/or contract management in accordance with GARC by-laws. A copy of the membership by-laws may be requested. To receive the greatest benefit of the Program, the Participant's facilities should target to purchase through our approved distributors 80% of its food, beverages and related supplies (the "Products") which are available through "the Program".

As an authorized agent, owner or employee of the above business (the "Member") have the authority to enter into a participation agreement with GARC on its behalf and to the best of my knowledge, all information herein is correct. This agreement legally authorizes GARC to act on its behalf as the exclusive and primary purchasing agent for any and all product purchases by participants and hereby terminate any other affiliations and further authorize GARC on its behalf to contact all of the distribution/supplier companies to make inquiries and obtain product level data reporting for the purpose of price audit, volume allowance (rebate dividends) tracking, and opportunity analysis for cost savings.

Participant acknowledges that any current programs through a direct manufacturer relationship desired to continue will be disclosed with this application along with all current distributors and suppliers and understands that they will not be allowed to participate in the GARC program relating to those direct programs. Further, if GARC discovers that a program relating to those direct programs was not disclosed in this writing, Participant agrees and authorizes GARC the wish to remain on the GARC program. Once notified, of said direct agreement, the "Member" will either obtain written permission from the said manufacturer or cancel within 5 business days and agree to repay any monies related to the undisclosed program(s).

The rebate check ("patronage dividends") will arrive quarterly less membership fee ("dues") at ten dollars per month. Dues are automatically deducted quarterly and listed as a line item on participant's quarterly report. The first check may arrive up to 6-9 months after we begin to receive purchasing data. If minimum purchasing requirements are not met, the check will arrive once or twice annually depending on the dollar amount. No check below \$100 will be paid.

AUTHORIZED SIGNATURE

Printed Name: _____ Date: _____

Member Signature: _____ Title: _____

*PLEASE FILL OUT AND COMPLETE FRONT & BACK PAGE*THIS FORM MUST BE FILLED OUT COMPLETELY*



DISTRIBUTOR & SUPPLIER REFERENCE

1. Primary Distributor Name _____ BRANCH/DIVISION: _____ Distributor Account No. : _____

Distributor Sales Rep _____ Rep Email _____

2. Secondary Distributor Name _____ BRANCH/DIVISION _____ Distributor Account No. _____

Distributor Sales Rep _____ Rep Email: _____

3. Third Distributor Name _____ BRANCH/DIVISION _____ Distributor Account No. _____

Distributor Sales Rep _____ Rep Email: _____

Fountain Soda _____ Coffee and Tea _____ Baked Goods _____ Meat _____

Dairy _____ Seafood _____ Produce _____

Linen _____ Dish Machine/Chemicals _____ Paper Goods _____

DIRECT MANUFACTURER AGREEMENTS

Non-GARC affiliated programs the Member would like to continue have been disclosed below and that relative to those non-GARC programs, I acknowledge that the Member potentially shall not be entitled to receive any rebates or other benefits from GARC relative to such programs. Further, if it is discovered that the Member is utilizing a program that was not disclosed, we authorize GARC to allow us to remain on the GARC program and I will either obtain written permission from the said manufacturer or cancel said direct and conflicting agreement within 5 business days and agree to repay any monies related to the undisclosed program(s).

Manufacturer	Category	Start Date	End Date

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