



41 South Main Street, Concord, NH 03301
Tel. (603) 724-2292 or 1-866-305-5354 • Fax. (603) 218-6878
www.irbonh.org

Member Application & Contact Information

(Please complete this form and return it to IRBONH so that we may update our member database)

Restaurant/Bar Name: _____

Primary Contact: _____

Address: _____

Phone Number(s): _____

Fax: _____ E-mail: _____

Concerns/opinions you may have regarding the NH Legislature: _____

Special services you would like to see so that we may better represent you:

Other comments:

Please be sure forward a .jpg version of your logo so that we may post it on our website, along with a link to your site!

Membership Fee:	\$ 500.00
Credits/Adjustments:	\$ _____
Total Due:	\$ _____
Amt. Paid:	\$ _____

Membership is valid for 12 months from date of contract signing.

Make checks payable to IRBONH

Date: _____ Signature: _____