

Anchorage & Alaska CHARR
Cabaret, Hotel, Restaurant and Retailers Association
Membership Application

Business Name: _____

Contact Name: _____

Physical Address: _____

Mailing Address: _____
(if different)

City: _____ **State:** _____ **Zip code:** _____

Office Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Pager:** _____

Fax Number: _____ **Email Address:** _____

Number of Licenses and/or Establishments you represent: _____

Alaska CHARR Dues are \$250 annually per establishment that you represent (maximum of 5)

Anchorage CHARR Dues are \$250 annually per establishment that you represent (maximum of 5)

Form of Payment (include check number): _____ Amount: _____

Signature: _____ Date: _____

Type of Business: (check all that apply)

Full Service Restaurant

Fast Food Restaurant

Brewery

Beer/Wine Restaurant

Brewpub

Full Dispensary

Hotel/Motel

Catering

Package Store

Distributor/Wholesale

Private Club

Other _____

Anchorage CHARR & Alaska CHARR contact information:

Silvia Villamides, Executive Director, Anchorage CHARR

Email: anchoragecharr@gci.net; Office: 907/646-4628; Fax: 907/646-4028; PO Box 242023,
Anchorage, AK 99524-2023

Dale Fox, Executive Director, Alaska CHARR

Email: charr@gci.net; Office: 907/274-8133; Fax: 907/274-8640; 1503 W. 31st Avenue, # 202 -
Anchorage, AK 99503