



# Texas Independent & Franchise Restaurant Association

"A Workers' Compensation Purchasing/Safety Group"

## *Membership Application*

I/we the undersigned request membership in the Texas Independent & Franchise Restaurant Association. By this action I/we, agree to abide within the guidelines set forth by the Associations Constitution and Bylaws. I further acknowledge that this membership is non-transferable. I further understand membership dues must be received by TIFRA before each renewal date of my workers compensation policy.

Membership #: \_\_\_\_\_ (Must have membership number prior to binding) Effective Date: \_\_\_\_\_ Policy

#: \_\_\_\_\_ Eazy Pay #: \_\_\_\_\_

Business Name (as shown on policy): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent No.: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Agent Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Agent E Mail: \_\_\_\_\_

## *Association Dues Structure*

*New Member Dues:           \$ 100.00*  
*Annual Renewal Dues:       \$ 100.00*

- ❖ **IMPORTANT:** Please fax a copy of the membership application and check to T.I.F.R.A. for membership number prior to binding coverage with Farmers Ins. Make check payable to T. I. F. R. A. Remit the original membership application and membership fee to:

**TIFRA**

P.O. Box 539, Seguin, Texas 78156

Business (830) 379-3111 \* Toll Free (877) 379-3111 \* Fax (830)379-3115

E mail: [hartmanins@axs4u.net](mailto:hartmanins@axs4u.net)