

PROPERTY MEMBERSHIP APPLICATION



AMERICAN CULINARY FEDERATION, INC.

180 Center Place Way, St. Augustine, FL 32095
(800) 624-9458 · (904) 824-4468 · FAX: (904) 825-4758
E-mail: membership@acfcchefs.net · Web: www.acfcchefs.org

A property membership through the American Culinary Federation allows employees to join ACF at a discounted rate as an active member through their employer.

Property members can be **local chapter members** or **national members**. **Membership in a local chapter** is an excellent way to network with professionals in the community, meet local vendors, and gain access to educational programs and materials. To find the nearest chapter or determine the additional local chapter fee, call the Membership Office at (800) 624-9458.

National membership offers no geographic bounds as an option for those members who travel or cannot attend meetings.

Property members must be a member of a local chapter to be eligible to vote in regional or national elections or hold regional or national office. Property members receive all member benefits, with the exception of term life insurance.

		Local Chapter Fee (if applicable)
6-30 members	\$155 each/year	_____
31-100 members	\$140 each/year	_____
101 or more members	\$130 each/year	_____

Please list the members to be enrolled in the property membership on the contact information sheet attached to this application. Please provide contact information for each property member and their years of professional cooking experience.

PLEASE COMPLETE FOLLOWING INFORMATION FOR THE PROPERTY

Property Contact Name: _____

Property _____

Name: _____

Property Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____ E-mail: _____

Membership Total: *Please check the appropriate box* 6-30 members 31-100 members 101 or more members

If a multi-unit establishment, how many units: _____

Method of Payment (Membership is processed upon receipt of dues)

Check/M.O. Visa MasterCard Amex Discover Request for Invoice

Account number: _____ Exp. Date: _____

Billing Address if different from above: _____

Name on Account: _____ Signature: _____

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First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Professional Years of Experience: _____ Current ACF Member: _____

Would like to join: National Membership Local Chapter *Chapter Name:* _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Professional Years of Experience: _____ Current ACF Member: _____

Would like to join: National Membership Local Chapter *Chapter Name:* _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Professional Years of Experience: _____ Current ACF Member: _____

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