

# MEMBERSHIP with THE CHEF ALLIANCE

## NEW MEMBER APPLICATION FORM

### MEMBER AND BUSINESS INFORMATION

It is the Applicant's responsibility to ensure that all contact and business information is accurate and complete and is kept up to date throughout the Membership Term. Please complete the form below and return it to The Chef Alliance. Use a separate page for any additional info that does not fit here or provide it in an email.

	INFORMATION
PRIMARY APPLICANT'S FULL NAME	
HOME/ MAILING ADDRESS OF APPLICANT (incl. Postal code)	
TELEPHONE NUMBER(S) (incl. area code)	
EMAIL ADDRESS(ES)	
BUSINESS OPERATING NAME	
REQUESTED START DATE (DD / MM / YYYY)	

### MEMBERSHIP

Membership includes access to benefits including but not limited to Membership in Restaurants Canada, access to the Member Benefit Portal and to the Chef Insurance program.

### SUPPLEMENTAL MEMBERS: business partners, spouses/family members or key staff involved in the business

Provide full name and email address of each Supplemental Member in an email with the completed form attached.  
\$59/Year^ for each Supplemental Member

### CHEF INSURANCE PROGRAM

Chef Insurance is an exclusive program accessed through The Chef Alliance and is available, upon approval by the insurer, for a separate fee. It cannot be accessed by non-members. To apply, complete pages 2 and 3 of this application. Chef Insurance is subject to additional fees as set out in this application. Details will be sent out once the application has been processed and approved.

### TERMS AND PAYMENT

I certify that the information provided in the entire application is true and accurate and I agree to abide by the Terms and Conditions of Membership as set out on The Chef Alliance's websites, and to update The Chef Alliance with any pertinent changes to my information as it occurs. I understand that terms and conditions of membership are subject to change without notice and that approval for Chef Insurance is solely a determination of the insurer, not by The Chef Alliance. Membership fees are non-refundable and are for 1-year. Membership and Chef Insurance may be paid in full to The Chef Alliance or may be financed\* for up to 60 months, upon approval by a third party financing company.

### PAYMENT

- Payment in a lump sum  
 Payment in a lump sum by credit card or PayPal (processing fee will be added)  
 Payment in instalments (upon approval, you may apply for 24-60 month financing terms through an independent financing company)

Applicant's Signature \_\_\_\_\_ Date (DD / MM/ YYYY) \_\_\_\_\_

^subject to applicable taxes

# MEMBERSHIP with THE CHEF ALLIANCE



## ABOUT YOUR BUSINESS

**NOTE:** NAME OF INSURED is always the legal entity name which is either the corporation name or the member's actual name if they operate a sole proprietorship. In either case, they can still have an operating name.

Name of Insured \_\_\_\_\_

Operating Name/ Name of Business \_\_\_\_\_

Full Home/ Mailing Address \_\_\_\_\_

Business/ Location Address (if applicable) \_\_\_\_\_

Website Address www. \_\_\_\_\_

**Do you provide services or products to...(answer Yes or No to BOTH options):**

• End User (e.g. consumers &/or businesses buying directly from you and consuming the product or service) including from your website, Facebook Marketplace, Instagram, through delivery apps, farmers markets, special events etc. (Tier 1 & 2) **Yes / No**

• Other Businesses for resale, (e.g. restaurants, bakeries, convenience stores, ethnic stores, supermarkets etc. (Tier 3) **Yes / No**

**Provide a description of your Business Operations in the box below. Please FULLY describe all activities of the business, incl:**

- what type of food or culinary service(s) do you sell? (e.g. prepared meal delivery, canned preserves & sauces, fresh baked breads, frozen appetisers, private cooking lessons, in-home personal chef services etc ... )

- who do you sell to? (e.g. the general public, businesses for own use, grocery stores, local ethnic stores, etc ... )

- who prepares the food or provides the culinary service? (e.g. you, your family members, your staff or a third party contractor... )

- where do you prepare the food? (e.g. at home~, in a shared commercial kitchen, in a client's home, in my own retail location, in a premises leased by me...)

- how/where you sell your product or service? (social media, stores, farmers markets, UberEats, my website... )

**What is your Estimated Gross Annual Revenue? Select One.**

Below \$49,999

\$50-99,999

\$100-200,000

\$200,000+

## FOOD SAFETY CERTIFICATION

Do you have a valid Food Handlers Certificate? Yes / No

If Yes, please provide the expiry date ( M M / Y Y Y Y )

If there is no expiry date, please provide the issue date ( M M / Y Y Y Y )

