

MEMBERSHIP with THE CHEF ALLIANCE

NEW MEMBER APPLICATION FORM

MEMBER AND BUSINESS INFORMATION

It is the member's responsibility to ensure that all contact and business information is complete and kept up to date. 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

	INFORMATION
PRIMARY MEMBER'S FULL NAME	
HOME/ MAILING ADDRESS OF MEMBER (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.

Membership Price^: \$499/ year

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 3 and 4 of this application.

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.

Chef Insurance is subject to additional fees as set out in this application. Membership and Chef Insurance may be paid in full by e-transfer to The Chef Alliance or may be financed* for up to 60 months, upon approval by a third party financing company. Details will be sent out once the application has been processed and approved.

PAYMENT

- ☐ Payment in a lump sum
- ☐ Payment in instalments (upon approval, you may apply for 24-60 month financing terms through an independent financing company)

Member Signature _____

Date (DD / MM/ YYYY) _____

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SUPPLEMENTAL MEMBERS - if applicable, may include business partners, spouses/family members or key staff involved in the business

NAME & EMAIL ADDRESS OF SUPPLEMENTAL MEMBERS, BUSINESS PARTNERS ETC. (if applicable) Add \$59/Year plus applicable taxes	
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^subject to applicable taxes