

Confrérie de la Chaîne des Rôtisseurs

National Administrative Office
Chaîne House at Fairleigh Dickinson University
285 Madison Avenue
Madison, NJ 07940-1099
Tel: 973.360.9200
Fax: 973.360.9330
Email: chaine@chaineus.org



**Admission Form
Non-Professional**

COUNTRY:

Last Name:

First & Middle Names:

Date of Birth:

Gender: Male Female

Marital Status: Citizenship:

Languages Spoken:

Home Address:

Street Address:

City: State: Zip Code:

Country:

Use this mailing address Use this email

Home Phone:

Home Fax:

Home Email:

Mobile: (Optional)

Business Name:

Profession:

Position (Occupation Profession):

Business Sector

Website:

Business Address:

Street Address:

City: State: Zip Code:

Country:

Use this mailing address Use this email

Work Phone:

Work Fax:

Work Email:

Mobile: (Optional)

Name of Your Spouse/Partner:

Chaîne Member Yes/No

Sponsors (Chaîne Members)

Primary:

Signature: _____

Second:

Signature: _____

I, the undersigned, confirm that all the information provided is correct, and agree to fully adhere, without reservation, to the National By-Laws, rules and regulations of the Chaîne des Rôtisseurs, and abide and respect them both in principle and in spirit.

Date:

Signature: _____

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COUNTRY:

Last Name:

First & Middle Names:

Membership in other Gastronomy Associations or Clubs?

STAMP	<p>Previous Chaîne member?</p> <p>If yes, which Bailliage?:</p> <p>Last Active Year:</p> <p>Country:</p> <p>Chapter:</p> <p>I require a new ribbon: (yes or no)</p>
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Proposed Title for Member:

BAILLI APPROVAL & COMMENTS:

Bailliage of:

Bailli Phone:

Bailli Email:

Name of Bailli:

Signature: _____

Date:

Financial Situation

Amount Paid:

Date of Payment:

Check No:

Bank:

Name on Credit Card:

Credit Card #:

Expires:

CW: