

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
Professional**

COUNTRY:

| | |
|----------------------------------|------------------------------|
| Last Name: | Gender: Male Female |
| First & Middle Names: | Marital Status: Citizenship: |
| Date of Birth: | Languages Spoken: |

| | | |
|------------------------|--------------------------|----------------|
| Home Address: | Use this mailing address | Use this email |
| Street Address: | Home Phone: | |
| City: State: Zip Code: | Home Fax: | |
| Country: | Home Email: | |
| | Mobile: (Optional) | |

Business Name:

Profession: Business Sector:

Position (Occupation Profession): Website:

Type of Business:

| | | |
|--------------------------|--------------------------|----------------|
| Business Address: | Use this mailing address | Use this email |
| Street Address: | Work Phone: | |
| City: State: Zip Code: | Work Fax: | |
| Country: | 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, Ltd. and abide and respect them both in principle and in spirit. and grant permission and hold harmless the organization to use my likeness in photographs in its publications and all other media, without compensation.

Date: _____ Signature: _____

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**Admission Form
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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> |
|-------|--|

Establishment Classification

Hotel (with restaurant)

Number of Rooms:

Number of Covers:

Classification:

Restaurant

Number of Covers:

For Restaurant & Hotel with Restaurant

Cuisine Type:

Hotel (without restaurant)

Number of Rooms:

Classification:

Viticulture (Specify)

Proposed Title for Member:

BAILLI APPROVAL & COMMENTS:

Name of Bailli:

Bailliage of:

Signature: _____

Bailli Phone:

Date:

Bailli Email:

Financial Situation

Amount Paid:

Date of Payment:

Check No:

Bank:

Name on Credit Card:

Credit Card #:

Expires:

CWV: