

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



**Reinstatement Form
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:

Mobile:

Home Email:

Business Name:

Profession:

Position (Occupation Profession):

Type of Business:

Website:

Business Address

Street Address:

City: State: Zip Code:

Country:

Use this mailing address Use this email

Work Phone:

Work Fax:

Mobile:

Work Email:

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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**Reinstatement Form
Professional**

COUNTRY:

Last Name:

First & Middle Names:

Membership in other Gastronomy Associations or Clubs?

2019 Annual National Dues (Please contact local chapter for information regarding local dues)

Professional Member \$250
Spouse of Professional Member \$125

Previous Chaîne member?

If yes, which Bailliage?:

Last Active Year:

Country:

I require a new ribbon: (yes or no)

Establishment Classification

Hotel (with restaurant)

Number of Rooms:

Number of Covers:

Classification:

Restaurant

Number of Covers:

Hotel (without restaurant)

Number of Rooms:

Classification:

Viticulture (Specify)

For Restaurant & Hotel with Restaurant
Cuisine Type:

Chaîne Rank of Member:

BAILLI APPROVAL & COMMENTS:

Bailliage of:

Name of Bailli:

Signature: _____

Date:

Financial Situation

Amount Paid:

Date of Payment:

Name on Credit Card:

Credit Card #:

Expires:

CVV: