



Membership Type (check one):



- Chaîne Membership
- Spouse of Chaîne Member (*Chaîne member name*): _____
- Working Professional Membership
- Spouse of Professional Member (*Professional member name*): _____
- Ecuyer Membership (*under 35 on Jan. 1 of current year*)
- Young Professional Membership (*under 35 on Jan. 1 of current year*)
- Full-Time Culinary Art Instructor Membership (*must be fully accredited Culinary Institute and Professor in the Kitchen*)
- Rôtisseur Membership (*Registered Full-Time Culinary Student*)
- Military Membership
- Reinstatement of Membership (*last active year/Bailliage*): _____
- International Transfer? Yes No Country: _____
- Promotion
Old Title: _____ New Title: _____
- Is new Ribbon Required? Yes No

Personal Information (check one box where correspondence should be sent):

Full Name: _____ / _____
FirstLast

Date of Birth (*required*): _____ / _____ / _____ Citizenship: _____
MonthDayYear

Languages Spoken: _____ Gender* M F

Home Address Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (*required*): _____ E-Mail (*required*): _____

Is your Spouse a Chaîne Member? Yes No Name of Spouse: _____

Business Name** (*if applicable*): _____

Business Address: _____

Position: _____

Type of Business (*hotel, restaurant, viticulture, etc.*): _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-Mail: _____

Website: _____

*For Rank Classification Only **If applying for a Professional Membership, business information must be completed.



I, the undersigned, hereby declare that I will adhere strictly without reservation to all the Statutes and Rules of the Society and will undertake to respect them in spirit as well as in letter. I also grant permission and hold harmless the organization to use my likeness in photographs in its publications and all other media without compensation. I understand that all Applications are subject to approval prior to acceptance into the Society.

Applicant Full Name (Print): _____ / _____
First Last

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Sponsors (Two Chaîne Members required):

Primary Sponsor: _____ Signature _____

Secondary Sponsor: _____ Signature _____

Bailli Approval:

Bailli Full Name: _____ / _____
First Last

Bailliage: _____

Signature _____ Date: _____ / _____ / _____
Month Day Year

Financial:

Check # _____ Bank: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration: _____ / _____ CVV: _____ Billing Zip Code: _____
Month Year

Amount Paid: _____ Date of Payment: _____ / _____ / _____
Month Day Year

USA Member #: _____ Order # _____