

MEMBERSHIP with THE CHEF ALLIANCE

MEMBER RENEWAL 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

Renewal Price: \$299/ year[^]

Supplemental Members (e.g. business partner, spouse, friends/family, key staff): \$59/ year[^] _____

Please provide the full name and email address of each person

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CHEF INSURANCE PROGRAM

To reapply, complete the insurance application.

PAYMENT

- Payment in a lump sum by e-transfer
- Payment in a lump sum by credit card (processing fee will apply)
- Payment in installments (upon approval, you may apply for 24-60 month financing terms through an independent financing company)

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.

Member Signature _____ Date (DD / MM/ YYYY) _____

[^]subject to applicable taxes

MEMBERSHIP with THE CHEF ALLIANCE

It is the member's responsibility to ensure that all information provided is accurate and kept up to date.

Please complete the form below and return it to The Chef Alliance. A certificate will be issued for each event or farmers market or commercial kitchen, if required, based on requirements sent to you by these events and locations; otherwise a general certificate will be issued. This form can also be downloaded from our websites or from a Success Manager.

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| Member Name | |
| Business Name | |
| Policy Number (if issued for current term) | |
| Date of Request | |

CERTIFICATE FOR _____

| | |
|--|--|
| <ul style="list-style-type: none"> Name of event, commercial kitchen or farmers market etc. What are the dates of attendance, if applicable What is required to appear on the certificate or proof of insurance? Please include full name and address. We advise copying and pasting the information that has been sent to you for accuracy. Email address or contact person at each business/ organisation/ event being listed | |
|--|--|

CERTIFICATE FOR _____

| | |
|--|--|
| <ul style="list-style-type: none"> Name of event, commercial kitchen or farmers market etc. What are the dates of attendance, if applicable What is required to appear on the certificate or proof of insurance? Please include full name and address. We advise copying and pasting the information that has been sent to you for accuracy. Email address or contact person at each business/ organisation/ event being listed | |
|--|--|