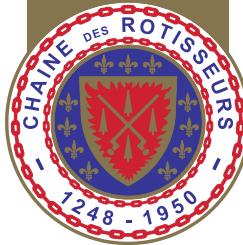


Confrérie de la Chaîne des Rôtisseurs
Bailliage des Etats-Unis

National Administrative Office
Chaîne House at Fairleigh Dickinson University
285 Madison Avenue, Madison, NJ 07940
P: 973.360.9200 | F: 973.360.9330
E: chaine@chaineus.org



Membership Application

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Membership Type (check one):



Chaîne Membership Société Mondiale 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: _____ / _____
First _____ Last _____

Date of Birth (required): _____ / _____ / _____
Month _____ Day _____ Year _____ Citizenship: _____

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.

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Membership Application

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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 #: _____