



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: \_\_\_\_\_ / \_\_\_\_\_  
First Last

Date of Birth (*required*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Month Day Year

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 # \_\_\_\_\_